

# Healthy Rhode Islanders 2010 Leading Health Indicators By Race and Ethnicity

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## RHODE ISLAND DEPARTMENT OF HEALTH

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**DRAFT**  
06/10/02

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Rhode Island Department of Health  
Office of Health Planning

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## INTRODUCTION

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*Healthy Rhode Islanders 2010* (HRI 2010) is our state's health promotion and disease prevention plan for the next decade. HRI 2010 is based upon the nation's public health agenda for the next decade, *Healthy People 2010* (HP 2010), and its two overarching goals:

- ◆ Increase the quality and years of healthy life.
- ◆ Eliminate health disparities.

In addition to the HP2010 overarching goals, the Rhode Island Department of Health (HEALTH) has also adopted the Ten Leading Health Indicators as the framework for *Healthy Rhode Islanders 2010*. HRI 2010 is based upon the 21 objectives selected to measure progress on the Ten Leading Health Indicators at the national level, and two additional objectives adopted by HEALTH for a total of 23 *Healthy Rhode Islanders 2010* objectives (Appendix A lists the objectives). This framework provides a clear focus for tracking progress on the opportunities and achievements of disease prevention and health promotion in Rhode Island over the next decade.

After adopting the Healthy People 2010 framework, HEALTH began a process to adapt this framework for use in Rhode Island. The initial steps in the *Healthy Rhode Islanders 2010* process were identifying comparable state-level data sources, establishing baselines, and setting targets for each of the 23 objectives. These steps were the foundation for the next steps in the process.

### Increasing Quality and Years of Healthy Life

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HEALTH is committed to reaching the goal of increasing the quality and years of healthy life for all Rhode Islanders. HEALTH will continue working with the community to improve health and quality of life throughout the lifespan. Striving to keep Rhode Islanders safe and healthy through health promotion and disease prevention efforts is a commitment HEALTH makes to the people of our state.

### Eliminating Health Disparities

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HEALTH now embarks on the next step in the *Healthy Rhode Islanders 2010* process by presenting the baseline data for each of the 23 objectives by race and ethnicity. HEALTH invites readers of this report to review and comment on its contents. In reviewing the baseline data presented by race and ethnicity, HEALTH is interested in getting feedback on any ideas, concerns, and experiences in addressing the elimination of health disparities among racial and ethnic groups in Rhode Island. HEALTH is actively pursuing ways of measuring disparity and welcomes any comments on possible measures of disparity as well. HEALTH will incorporate these comments into the final *Healthy Rhode Islanders 2010* plan.

In order to assess and ultimately address the goal to eliminate health disparities, HEALTH will continue to work towards defining the measure of disparities. HEALTH will measure the differences that occur within each objective by gender, socioeconomic status, and disability status in addition to race and ethnicity. By continuing to assess each objective by these different segments of the population, HEALTH will measure and work towards eliminating health disparities over the next decade.

## Summary & Scope

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This report presents baseline data by race and ethnicity for *Healthy Rhode Islanders 2010* Leading Health Indicators and the 23 Objectives that will be used to measure progress in those areas in reaching the 2010 targets.

The objectives are ranked into four categories. The first section lists the objectives for which there are data for at least three racial/ethnic groups. The second section presents those objectives for which there are data for at least two racial/ ethnic groups. The third section presents the objectives for which there are currently only baseline data for no more than one racial or ethnic group. The last section presents the objectives for which there are currently no data available, or that do not measure populations.

## Interpreting the Data

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The Operational Definitions contain information regarding how each objectives is measured for Rhode Island, including: data sources, type of measure, survey questions used, periodicity of data collection, and other data issues related to monitoring the objectives (see Appendix B).

The baseline data for each objective are presented in a chart. Each chart contains the available data for the Total Rhode Island population, as well as the measurable racial/ethnic categories. In addition data available for each objective by race and ethnicity are also provided. This report identifies the need for racial and ethnic data for many of the *Healthy Rhode Islander 2010* objectives. This report also identifies the need to conduct statistical tests of significance to determine if the differences in rates are true differences and not a variability in the measurement tools applied to derive the statistic.

Data (when possible) are presented for the 5 racial and ethnic groups as defined by the Office of Management & Budget (OMB): American Indian/Alaska Native, Asian/Pacific Islander, Black (non-Hispanic), Hispanic, and White (non-Hispanic), as well as the total for Rhode Island.

Starting in 2003, Rhode Island will be implementing the new OMB standard and will collect, analyze and present data for the following racial/ethnic groups: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Hispanic or Latino.

Data need to be interpreted with care. Confidence intervals (i.e. margins of error) are not available for the data presented in this report. However, the larger the absolute differences, the more confidence we have that the differences are not due to sampling error, and may in fact be describing a potential disparity. Future data will be presented with confidence intervals to better interpret the differences in rates among select groups, and make appropriate comparisons.

Additionally, the reader should note that the age distributions of particular racial and ethnic groups differ and may lead to distortion in the presentation and interpretation of these data. For some population groups, the age-adjusted rates may vary considerably from the crude rates in this report because many of the objectives have outcomes or behaviors that vary by age. For example, the Hispanic population has a younger age distribution than the standard population. Without adjusting for age, the rates for objectives that have outcomes or behaviors that are generally more frequent among the older population are more likely to be low among the Hispanic population. Only the mortality data (homicide and motor vehicle crash deaths) have been age-adjusted in this report.

Finally, it is notable that a change in survey methodology or increased sample sizes is needed to fully assess health disparities among the racial and ethnic groups in Rhode Island. As can be seen in this report, data are lacking for racial and ethnic groups for many of the objectives presented. Most striking is the need for adequate data to assess the possible health disparities for the Native American/Alaska Native population in our state.

## HIGHLIGHTS

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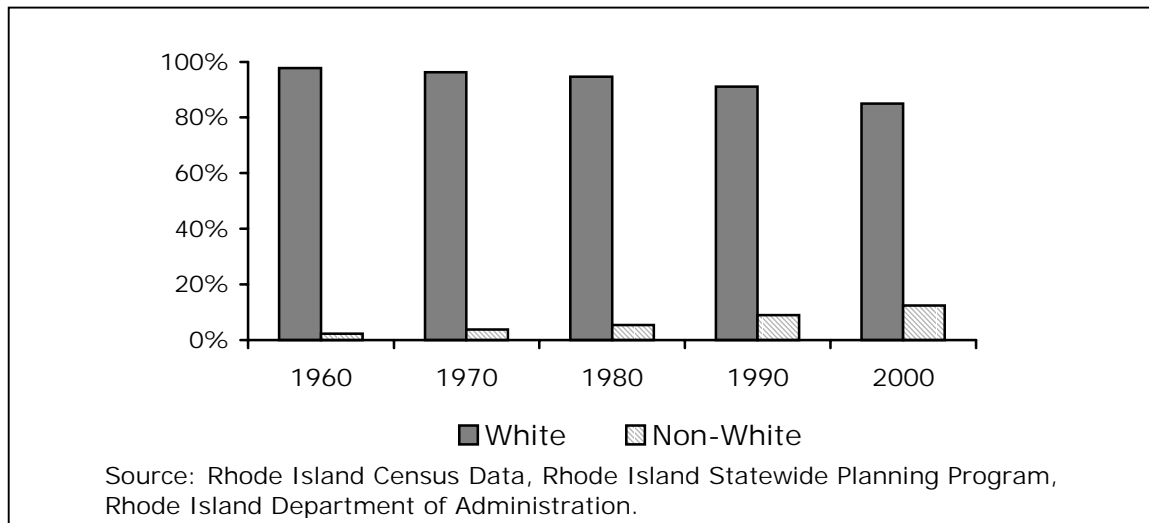
- ❖ Black (non-Hispanic) and Hispanic adults appear to have a lower rate of regular physical activity than White (non-Hispanic) adults and the overall Rhode Island population.
- ❖ Black (non-Hispanic) Rhode Island adults appear to have a higher rate of obesity than other groups for whom adequate data are available.
- ❖ Asian/Pacific Islander Rhode Island adults may have already achieved the 2010 target for obesity.
- ❖ All groups for whom adequate data are available, as well as the Total Rhode Island population, consume less than the recommended number of daily servings of fruits and vegetables. Blacks (non-Hispanic) appear to have the lowest rate of people eating the recommended 5 daily servings.
- ❖ Hispanics appear to have a lower rate of cigarette smoking than do the other groups for which data are available.
- ❖ The rate of cigarette smoking among Hispanic youth is less than half the rate among White (non-Hispanic) youth.
- ❖ Asian/Pacific Islanders appear to have a much lower rate of adult binge drinking than other groups for whom adequate data are available.
- ❖ Black (non-Hispanic) children have a higher rate of elevated blood lead levels than do children of other racial and ethnic groups.
- ❖ Blacks (non-Hispanic) are at higher risk for motor vehicle crash deaths than the White (non-Hispanic) population or the Total Rhode Island population.
- ❖ Blacks (non-Hispanic) are at higher risk for homicide than the White (non-Hispanic) population or the Total Rhode Island population.
- ❖ More data are needed to measure the Healthy Rhode Islander 2010 objectives for the American Indian population in our state.
- ❖ A change in survey methodology or increased sample sizes is needed to fully assess health disparities among racial and ethnic groups in Rhode Island.



## DEMOGRAPHIC BACKGROUND

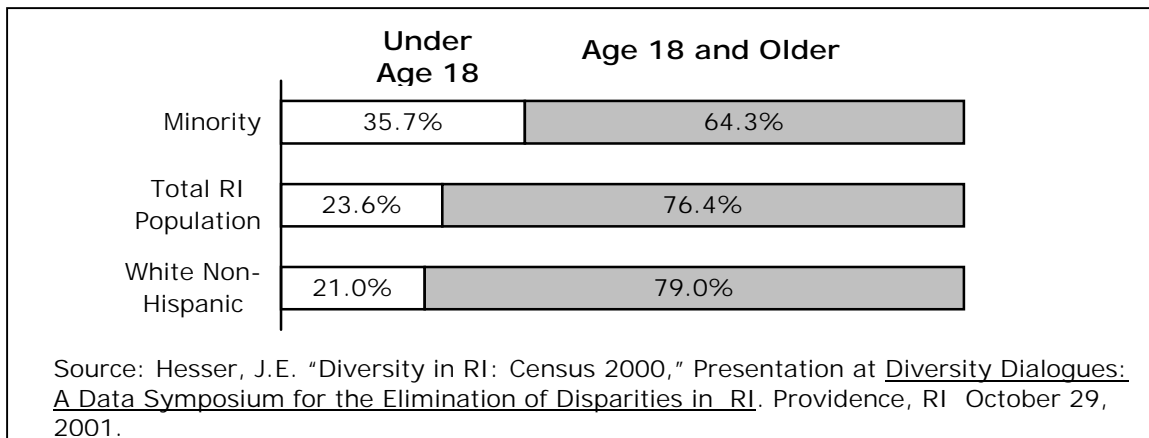
The population of Rhode Island is becoming increasingly diverse. Since 1960, the White population has been decreasing and the non-White minority population has been increasing. From 1990 to 2000, Rhode Island's minority population has increased by 77%, while the White (non-Hispanic) population has decreased by 3%. Eighteen percent (18%) of Rhode Islanders now belong to a minority population whereas the rate was 11% in 1990.<sup>1</sup>

### Rhode Island White and Non-White Population 1960 - 2000



The minority population in Rhode Island is younger than the overall population. Approximately one quarter of the overall Rhode Island population is under 18 years old while over one third of the minority population is under 18.

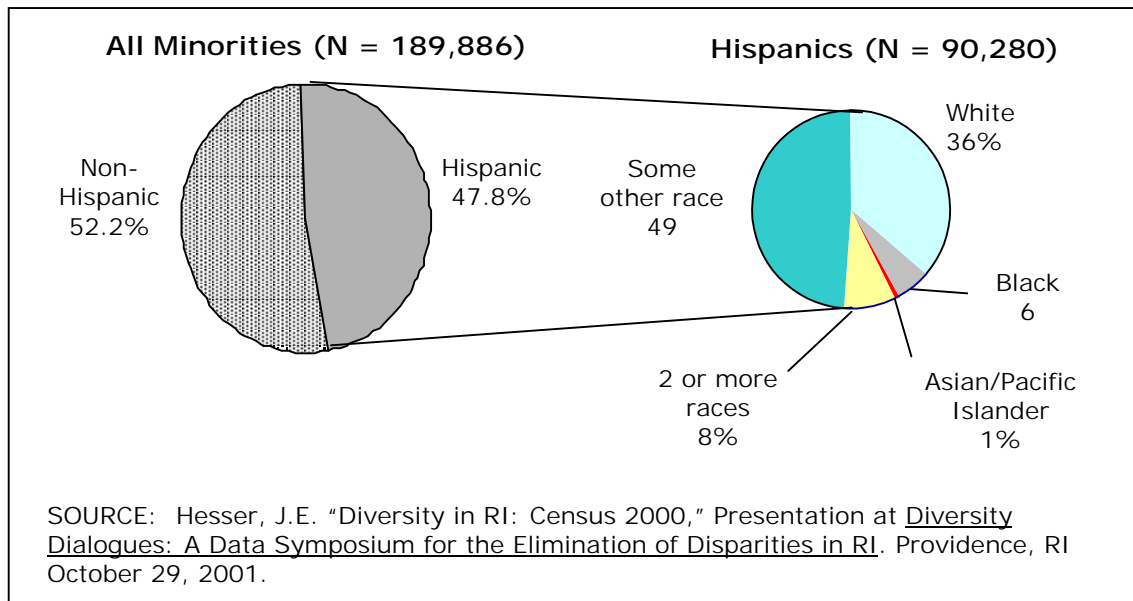
### Age Structure of Rhode Island's Minority and White (non-Hispanic) Population, 2000



<sup>1</sup> Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

Nearly half of Rhode Island's minority population is of Hispanic origin. Of those who identified themselves as Hispanic in the 2000 U.S. Census, 36% identify their race as White, 6% as Black, 8% as 2 or more races, and 1% as Asian/Pacific Islander. Nearly half of Hispanics listed themselves as "Some other race" in the 2000 U.S. Census.<sup>2</sup>

### Race Composition of Rhode Island's Hispanic Population, 2000



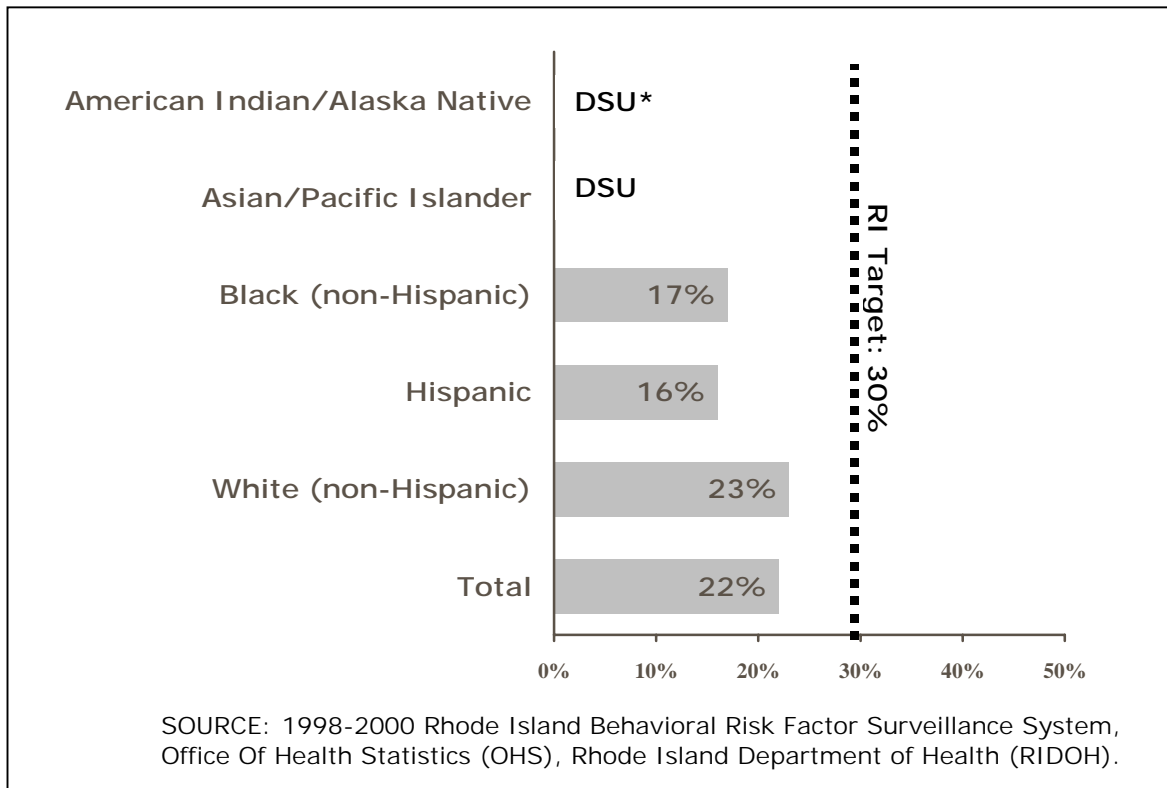
<sup>2</sup> Hesser, J.E. "Diversity in RI: Census 2000," Presentation at Diversity Dialogues: A Data Symposium for the Elimination of Disparities in RI. Providence, RI October 29, 2001.

# **Objectives with Baseline Data For At Least Three Racial/Ethnic Groups**

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## PHYSICAL ACTIVITY

**HRI Objective 1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.** (Healthy People 2010 Objective 22.2)

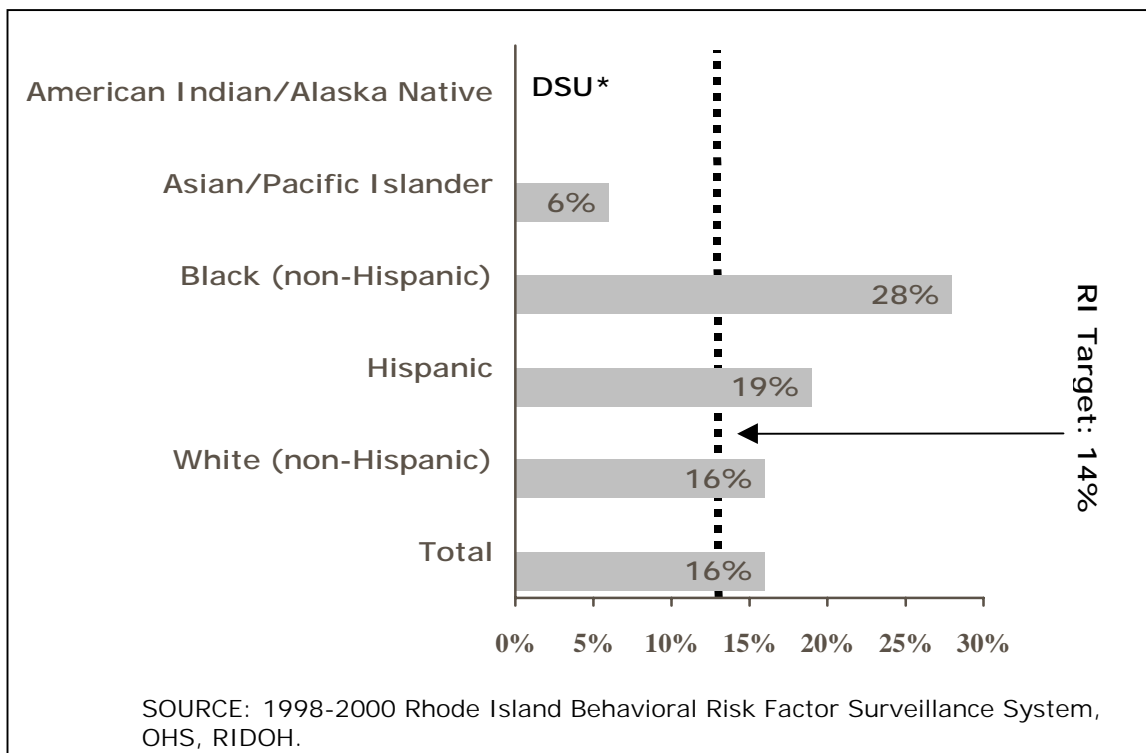


The most recent Rhode Island data indicates that the overall physical activity rate for adults is 22%. The target is to increase the percent of adults engaging in regular physical activity to 30% by the year 2010. At 23% Whites (non-Hispanic) have the highest rate of regular physical activity, while Blacks (non-Hispanic) and Hispanics have a rate of 17% and 16% respectively. Data for American Indian/Alaska Natives and Asian/Pacific Islanders are inadequate for reporting due to small sample sizes. Based on the data that are available and reliable, the White (non-Hispanic) population appear to be higher than the Hispanic and Black (non-Hispanic) populations, a potential disparity for Rhode Islanders. While improvement is needed in the rates of all the groups with available data, the Hispanic and Black (non-Hispanic) groups have the opportunity for the greatest increases.

\*Data are statistically unreliable and therefore are not reported.

## OVERWEIGHT and OBESITY

**HRI Objective 2-1. Reduce proportion of adults who are obese.**  
(Healthy People 2010 Objective 19-2)

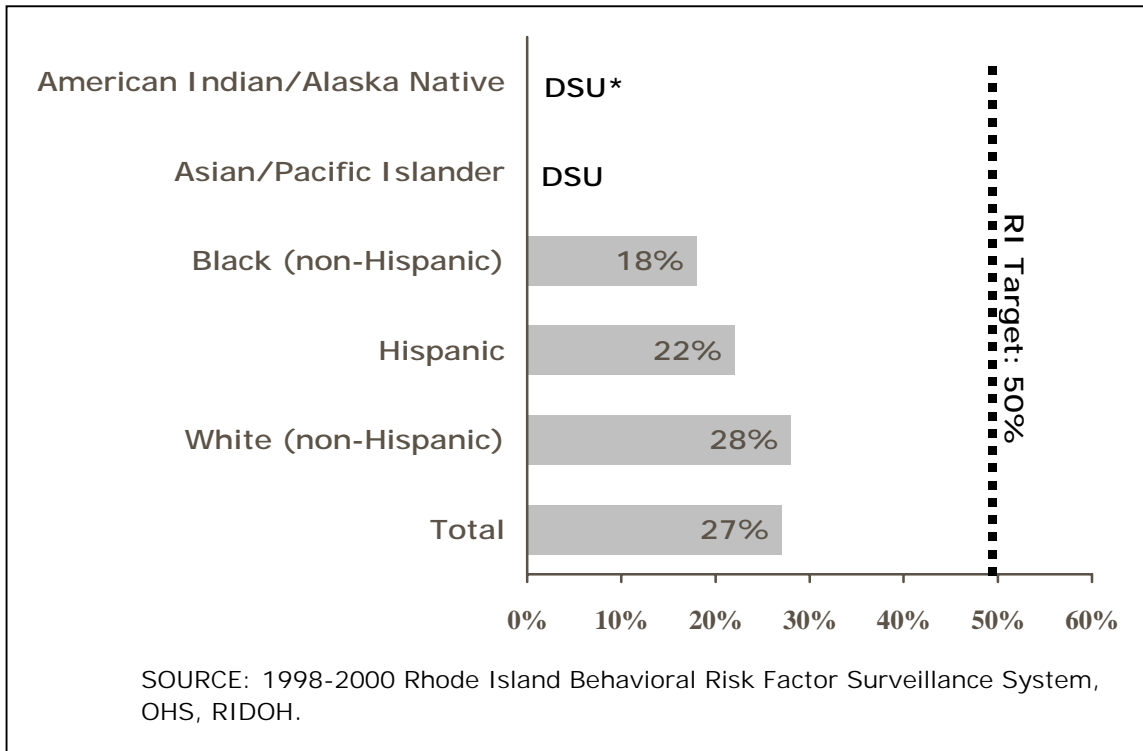


In Rhode Island, the most recent data show that the obesity rate among adults overall is 16%. The target for the year 2010 is a reduction to 14% for all Rhode Islanders aged 18 and older. As can be seen in the chart shown above, the Black (non-Hispanic) population in Rhode Island is the farthest from the 2010 target, with a rate in that population of 28% and also have a rate that is 9 percentage points greater than the next highest group. The Hispanic population has a rate of 19%. Asian/Pacific Islanders fare the best on this objective with a rate of 6%, which indicates that this group has surpassed the 2010 target. Strategies to reduce the rate of obesity among Black (non-Hispanic) adults must be identified and implemented in order to eliminate the disparity illustrated by this data.

\*Data are statistically unreliable and therefore are not reported.

## OVERWEIGHT and OBESITY

**HRI Objective 2-3. Increase the proportion of persons aged 2 years and older who consume at least five daily servings of fruits and vegetables.** (Healthy People 2010 Objectives 19-5, 19-6)

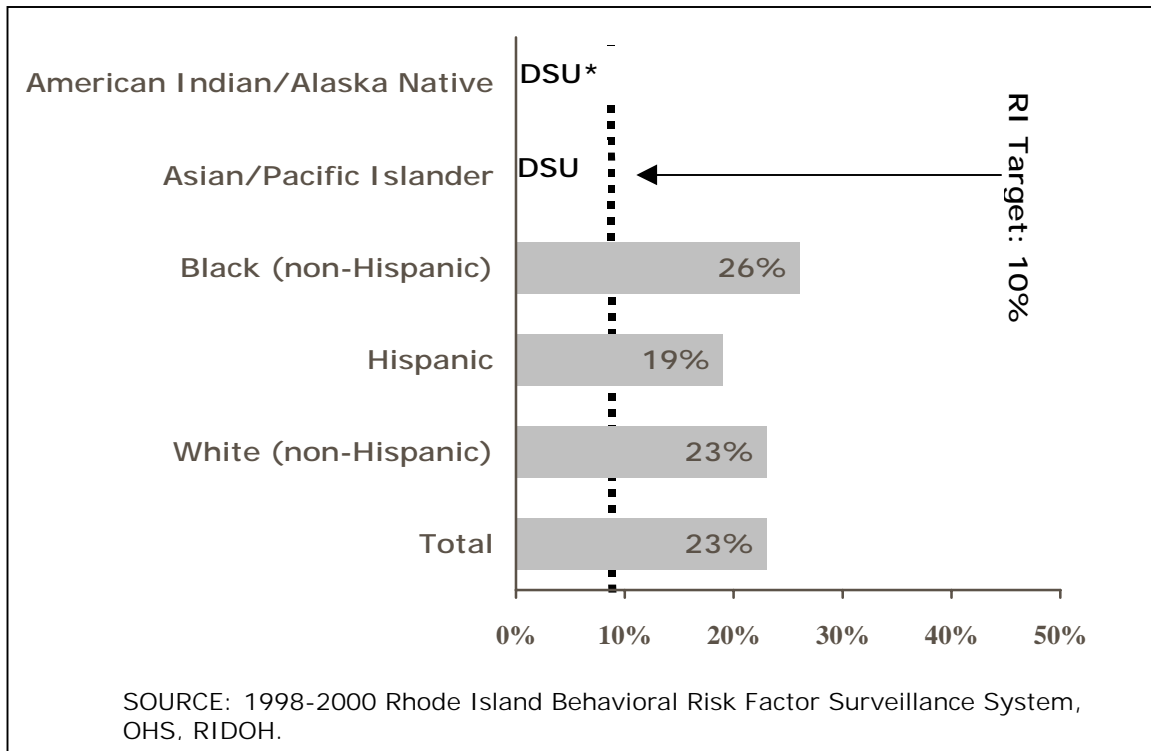


Currently, 27% of adults eat 5 servings of fruits and vegetables daily as recommended in the United States Department of Agriculture's 2000 *Dietary Guidelines for Americans*. The target for the year 2010 is to increase the rate to 50% of the population aged 2 and over. Currently data are not available for persons 2 – 17 years old. The White (non-Hispanic) adult population exceeds the overall adult population with 28% consuming at least 5 servings of fruit and vegetables a day. Twenty-two percent (22%) of the Hispanic adult population eat 5 servings of fruits and vegetables each day. Among Black (non-Hispanic) adults, 18% eat the recommended number of servings. Data for Native Americans and Asian/Pacific Islanders were insufficient for reporting. Sample sizes for both of these groups need to be increased in order to adequately measure their baselines and progress on this objective. The greatest disparity appears to be between the White (non-Hispanic) population and Black (non-Hispanic) population. Clearly, this potential disparity will need to be addressed to make progress on this objective, and for each of the racial/ethnic groups as well.

\*Data are statistically unreliable and therefore are not reported.

## TOBACCO USE

**HRI Objective 3-1. Reduce cigarette smoking by adults.** (Healthy People 2010 Objective 27-1a)

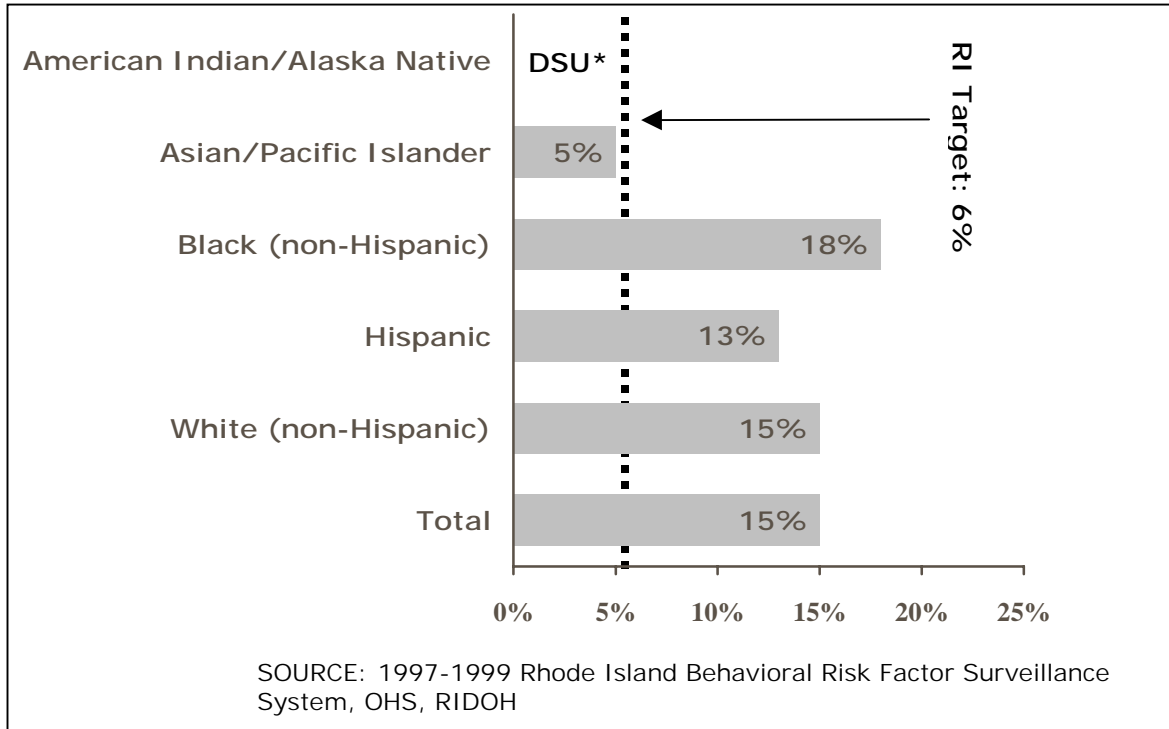


Current data show that the overall adult smoking rate is 23%. The Rhode Island target for the percentage of adults who smoke cigarettes is 10% by the year 2010. That is, it is hoped that during the next decade there will be a 56% decrease in the percentage of adults who smoke. The rate of smoking among White (non-Hispanic) adults is also 23%. At 19%, the rate of smoking among Hispanics is lower than the overall rate. The smoking rate among Black (non-Hispanic) adults is 26%, 3% percentage points higher than the overall adult rate in Rhode Island. Current data are insufficient for calculating the adult cigarette smoking rate among Asian/Pacific Islanders and the American Indian/Alaska Native populations. The largest potential disparity revealed by this data is between the Black (non-Hispanic) group and the Hispanic group which has the lowest reliable rate. The data illustrated here indicate that increased sample sizes are needed to adequately measure tobacco use rates among American Indian/Alaska Natives and Asian/Pacific Islanders. Furthermore, existing data show that smoking rates among the groups with adequate data will need reductions between 9% and 16% during the next decade in order to meet the target.

\*Data are statistically unreliable and therefore are not reported.

## SUBSTANCE ABUSE

**HRI Objective 4-3. Reduce binge drinking by adults 18 years and older in past month.** (Healthy People 2010 Objective 26-11c)



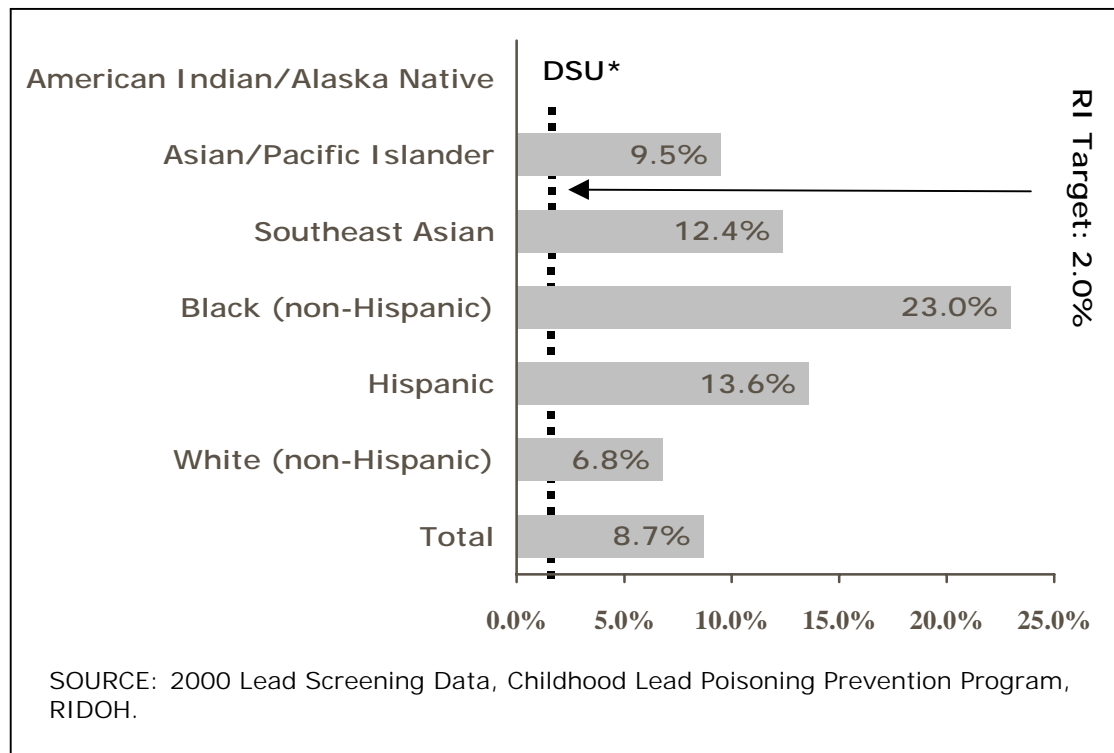
The overall rate of binge drinking by adults in Rhode Island is 15%. The target for 2010 is for the overall population and each group to not exceed a binge drinking rate of 6%. The Black (non-Hispanic) adult population has a binge drinking rate of 18%. The Hispanic population has a rate of 13% while the White (non-Hispanic) population has a rate of 15%. With the lowest rate of 5%, the Asian/Pacific Islander population has a binge drinking rate that already achieves the target rate. The largest difference in binge drinking rates is the 13% between the Black (non-Hispanic) population and the Asian/Pacific Islander population.

\*Data are statistically unreliable and therefore are not reported.



## ENVIRONMENTAL QUALITY

**HRI Objective 8-3. Eliminate elevated blood lead levels in children.** (Healthy People 2010 Objective 8-11)

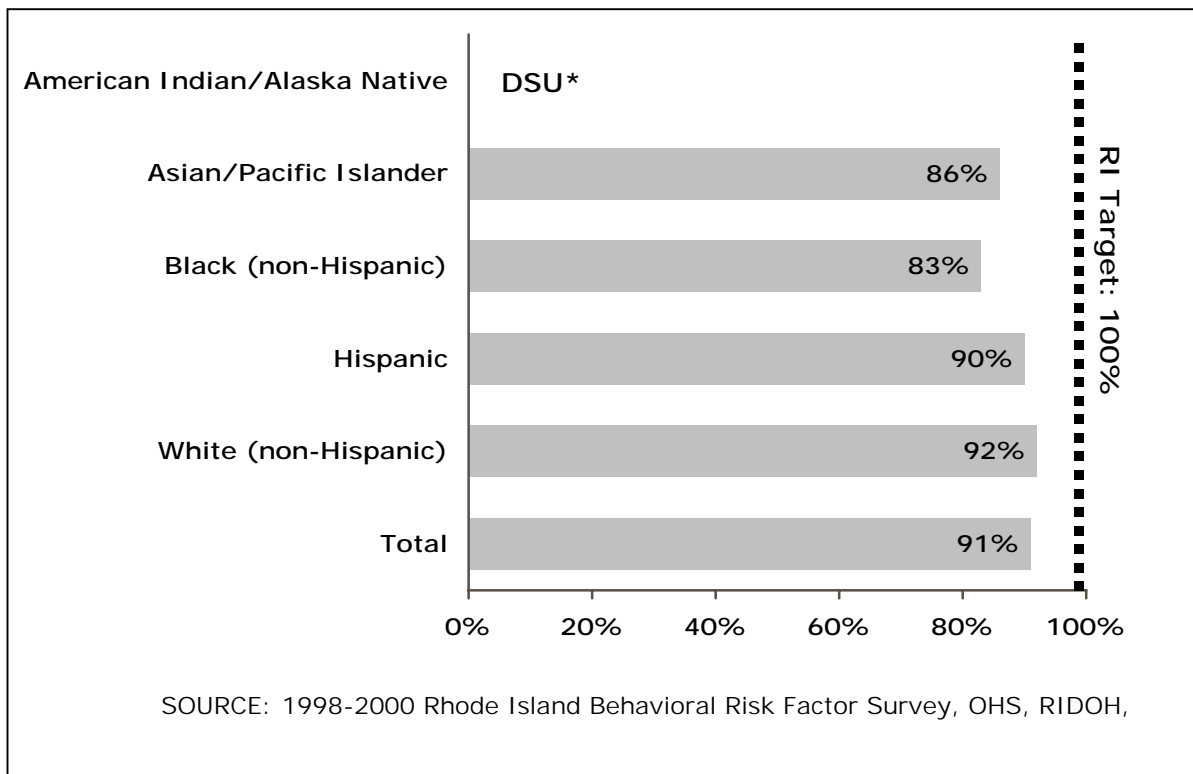


Overall, 8.7% of Rhode Island children have elevated blood lead levels. The target for Rhode Island is to reduce the percentage of children with elevated blood lead levels exceeding the recommended standard to 2%. White (non-Hispanic) children have the lowest rate with 6.8% of that population having elevated levels of lead in their blood. Asian/Pacific Islander children have a rate of 9.5% elevated levels of lead and Southeast Asian children have a rate of 12.4%. Hispanic children have the next highest rate of unhealthy blood lead levels with 13.6% of that group exceeding acceptable levels. Black (non-Hispanic) children in Rhode Island have the highest rate of elevated blood lead levels with a rate of 23.0%, almost 4 times higher than the rate for Whites (non-Hispanic). For this target to be attained, disparities must be addressed. Disparity may exist between the Black (non-Hispanic) population and each of the other groups.

\*Data are statistically unreliable and therefore are not reported.

## ACCESS TO HEALTH CARE

**HRI Objective 10-1. Increase the proportion of persons with health insurance.** (Healthy People 2010 Objective 1-1)

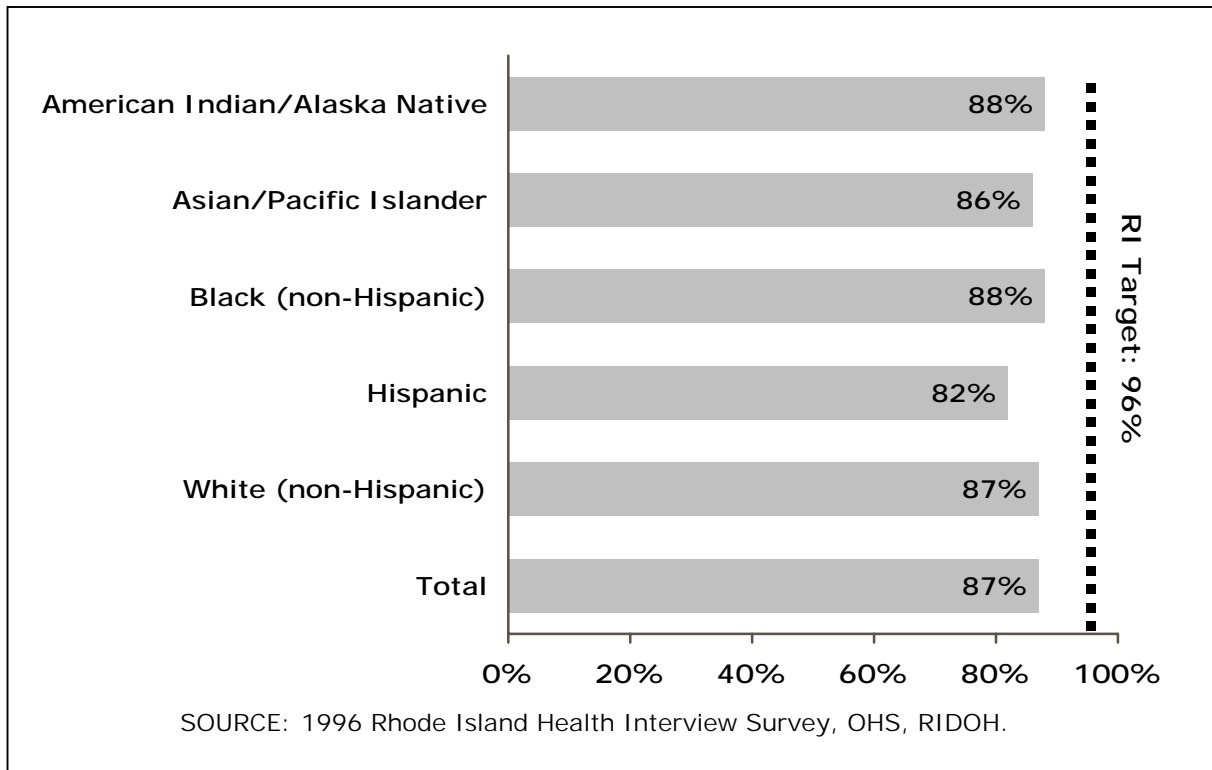


Among Rhode Island adults overall, 91% have health insurance. The 2010 target is to have 100% of Rhode Islanders covered by some form of health insurance. Because the BRFSS is the current data source for measuring this objective, data are available for adults only. White (non-Hispanic) adults have the highest rate of health insurance coverage. The rate of coverage among adult Hispanics is 90%. The rate among the adult Asian/Pacific Islanders is 86%. With a rate of 83%, Blacks (non-Hispanic) have the lowest rate of health insurance coverage of the groups with reportable data. Data for the American Indian/Alaska Native population are statistically unreliable.

\*Data are statistically unreliable and therefore are not reported.

## ACCESS TO HEALTH CARE

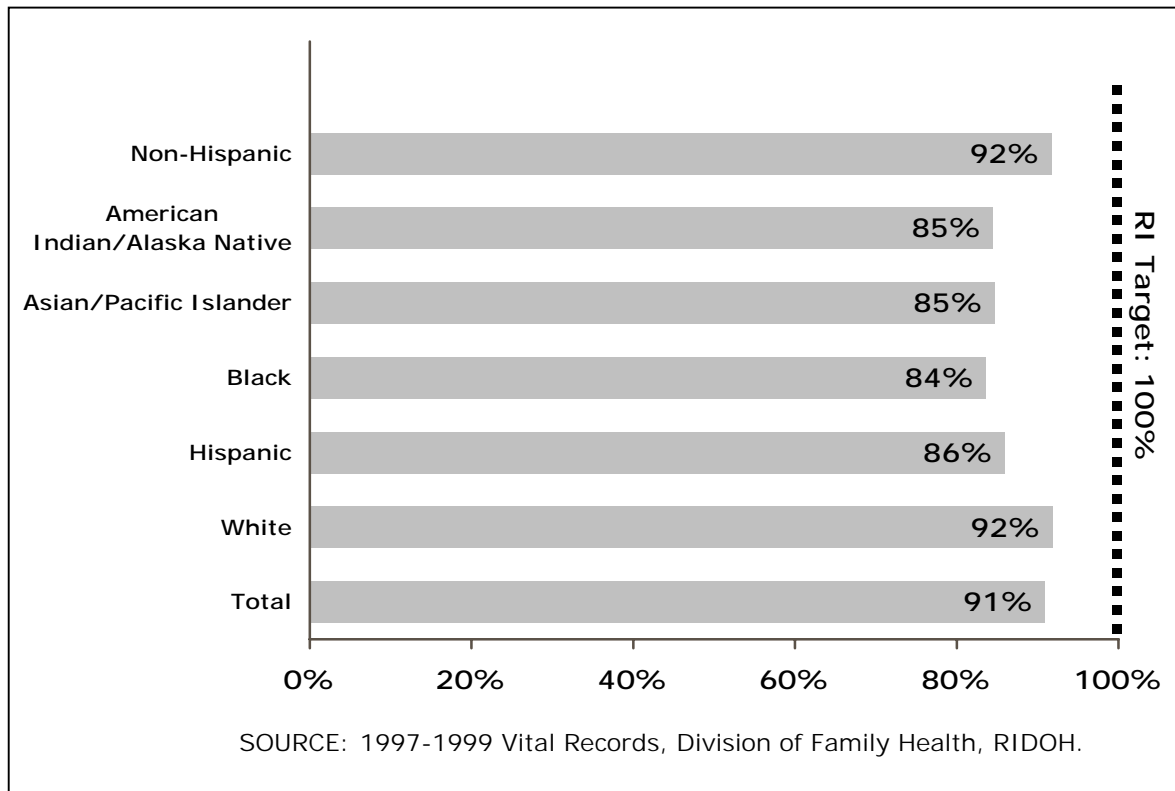
**HRI Objective 10-2. Increase the proportion of persons who have a specific source of ongoing care.** (Healthy People 2010 Objective 1-4)



Overall, 87% of Rhode Islanders have a specific source of on-going health care. The target of 2010 is to have 96% of the population with a specific source of primary health care. Rates are close for all of the racial and ethnic groups. At 88%, Blacks (non-Hispanic) have the highest rate of having a specific source of on-going health care. Whites (non-Hispanic) have a rate of 87%, Asian/Pacific Islanders have a rate of 86%, and Hispanics have the lowest rate at 82%.

## ACCESS TO HEALTH CARE

**HRI Objective 10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care.** (Healthy People 2010 Objective 16-6)

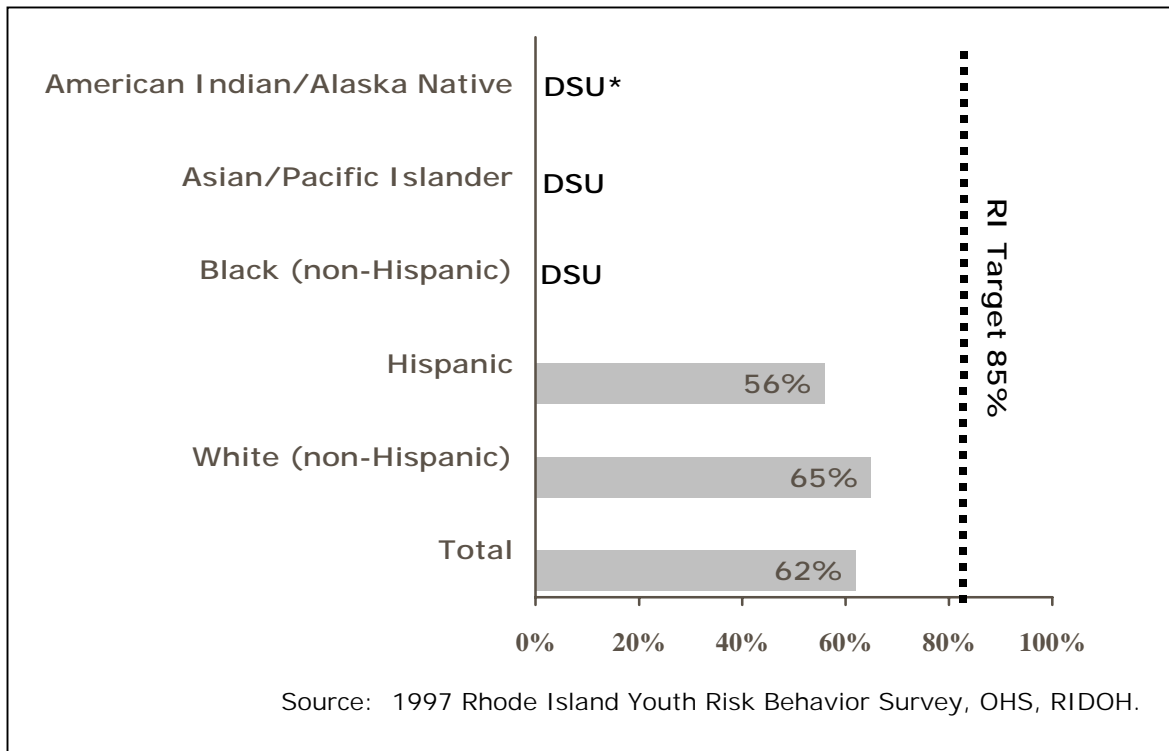


Current data show that 91% of pregnant women in Rhode Island receive early and adequate prenatal care. The target for 2010 is to have 100% of pregnant women receiving early and adequate prenatal care. Ninety-two percent (92%) of the White population receive prenatal care in the first trimester. Hispanic women in Rhode Island have a rate of 86% receiving early and adequate prenatal care. The American Indian/Alaska Native and Asian/Pacific Islander populations each have a rate of 85%. The lowest rate among these groups is the Black population, with a rate of 84% receiving early and adequate prenatal care.

## **Objectives with Baseline Data For Two Racial/Ethnic Groups**

## PHYSICAL ACTIVITY

**HRI Objective 1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.** (Healthy People 2010 Objective 22-7)



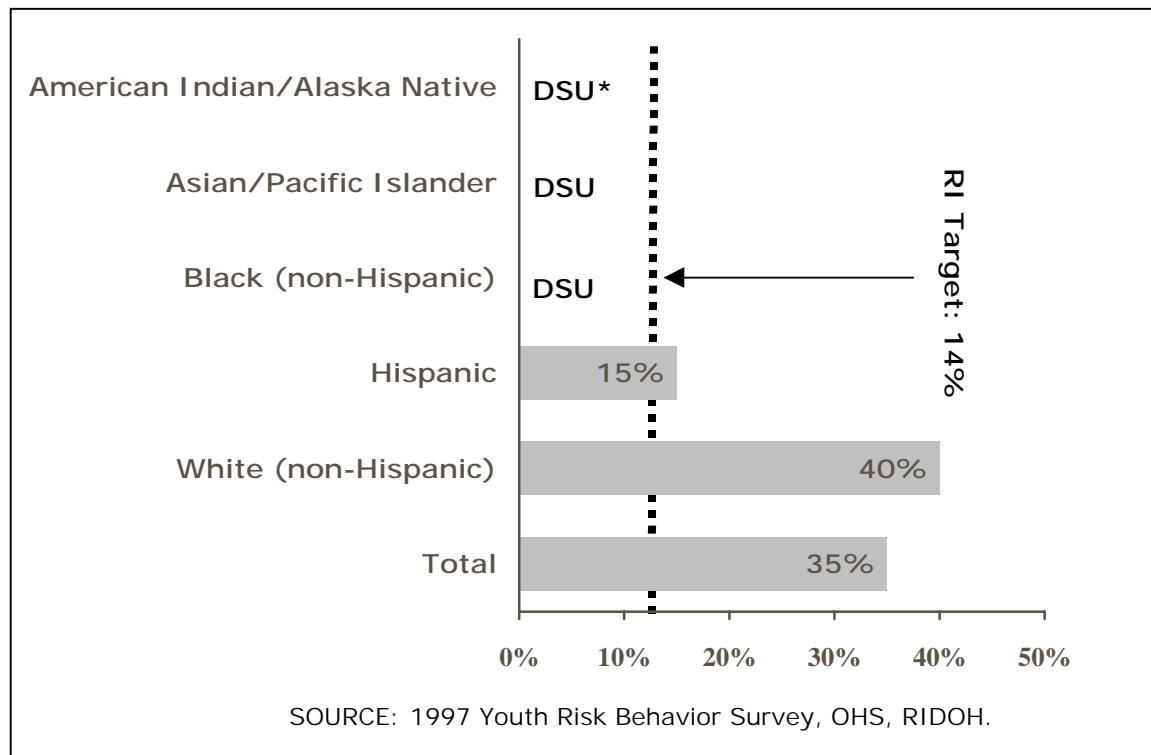
In 1997, the 62% of adolescents responding to the Youth Risk Behavior Survey (YRBS) indicated that they engage in vigorous physical activity 3 or more days per week. The target for Healthy Rhode Islanders 2010 is to increase participation to 85% of adolescents engaging in vigorous physical activity at least 3 times per week. Due to the small survey sample sizes of minority youth, data for racial and ethnic minority groups other than Hispanics are not reportable. In 1997, 65% of White (non-Hispanic) youth engaged in regular physical activity while 56% of Hispanic youth were regularly active in vigorous physical activity. Increasing survey sample sizes or changing survey methodology will allow assessment of physical activity rates among other racial and ethnic groups in the future. Current reportable data indicate that strategies to increase physical activity in youth overall will be needed to meet the 2010 target.

\*Data are statistically unreliable and therefore are not reported.

## TOBACCO USE

### HRI Objective 3-2. Reduce cigarette smoking by adolescents.

(Healthy People 2010 Objective 27-2b)

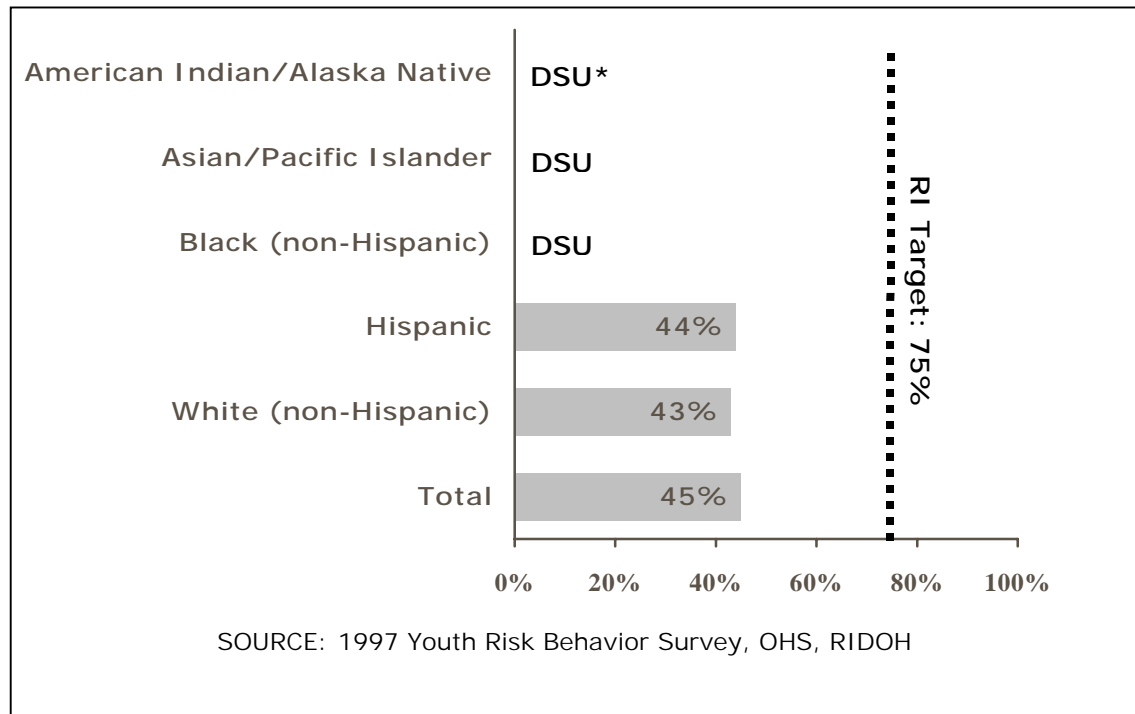


Current data from the YRBS show that the rate of cigarette smoking among White (non-Hispanic) adolescents in grades 9-12 is 40%. Reducing the overall adolescent smoking rate by 21% will be needed to achieve the target of 14% by 2010. In these same grades, Hispanic youth have a rate of 15%, which is 1% from the 2010 target. The rates for other groups are not available because data are insufficient. A change in survey methodology or an increase in sample size is needed to collect reportable data for the three groups that are lacking data for this objective. Cigarette smoking rates among Whites (non-Hispanic) are almost 3 times higher than Hispanics, a potential disparity for this objective.

\*Data are statistically unreliable and therefore are not reported.

## SUBSTANCE ABUSE

**HRI Objective 4-1. Increase the proportion of adolescents *not* using alcohol or any illicit drugs during the past 30 days.** (Healthy People 2010 Objective 26-10a)



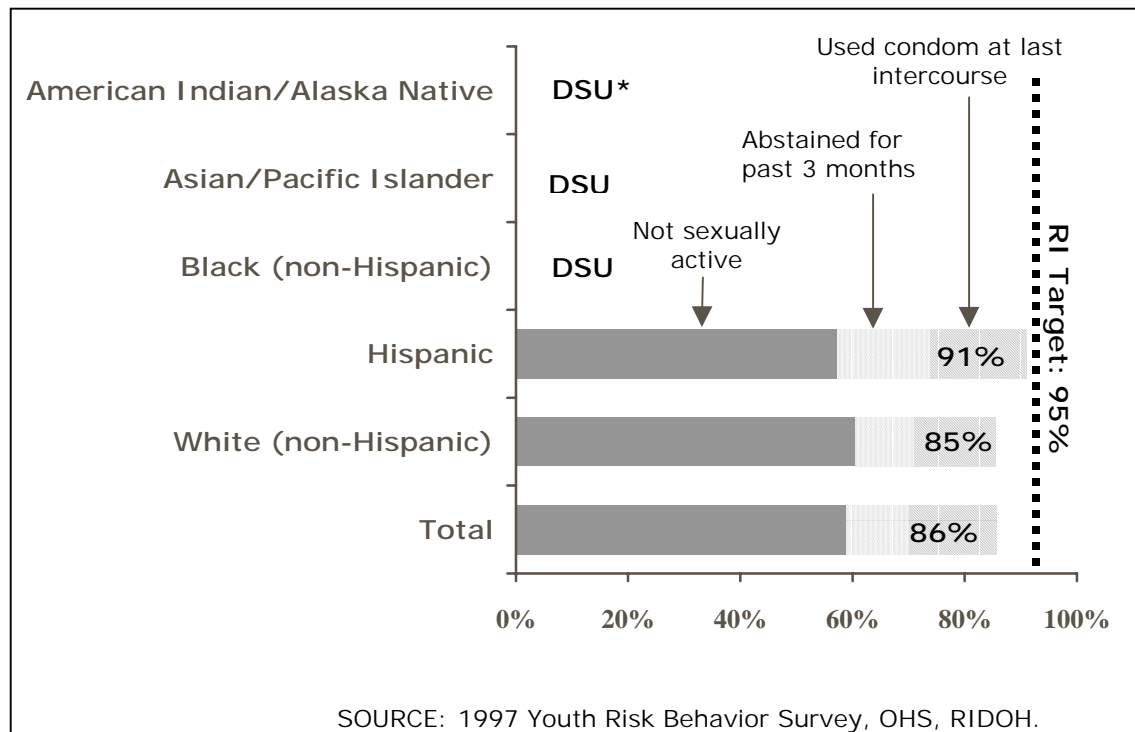
Overall, according to the most recent Rhode Island survey data, 45% of youth are *not* using alcohol, marijuana, or cocaine in the past month. The target for this objective is to increase the proportion of youth that are *not* using alcohol or illicit drugs to 75%. Because of limited number of questions in the YRBS, the only illicit drugs assessed are marijuana and cocaine. Forty-three percent (43%) of White (non-Hispanic) youth and 44% of Hispanic youth did *not* use alcohol or marijuana, or cocaine in the past month. Due to insufficient data, it is currently not possible to assess accurately the proportion of Black (non-Hispanic), Asian/Pacific Islander and American Indian/Alaska Native youth who are *not* using alcohol or illicit drugs. As in the previous objective, a change in survey methodology or an increase in sample size is needed to collect reportable data for the three groups that are lacking data for this objective.

\*Data are statistically unreliable and therefore are not reported.



## RESPONSIBLE SEXUAL BEHAVIOR

**HRI Objective 5-1. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if sexually active.** (Healthy People 2010 Objective 25-11)

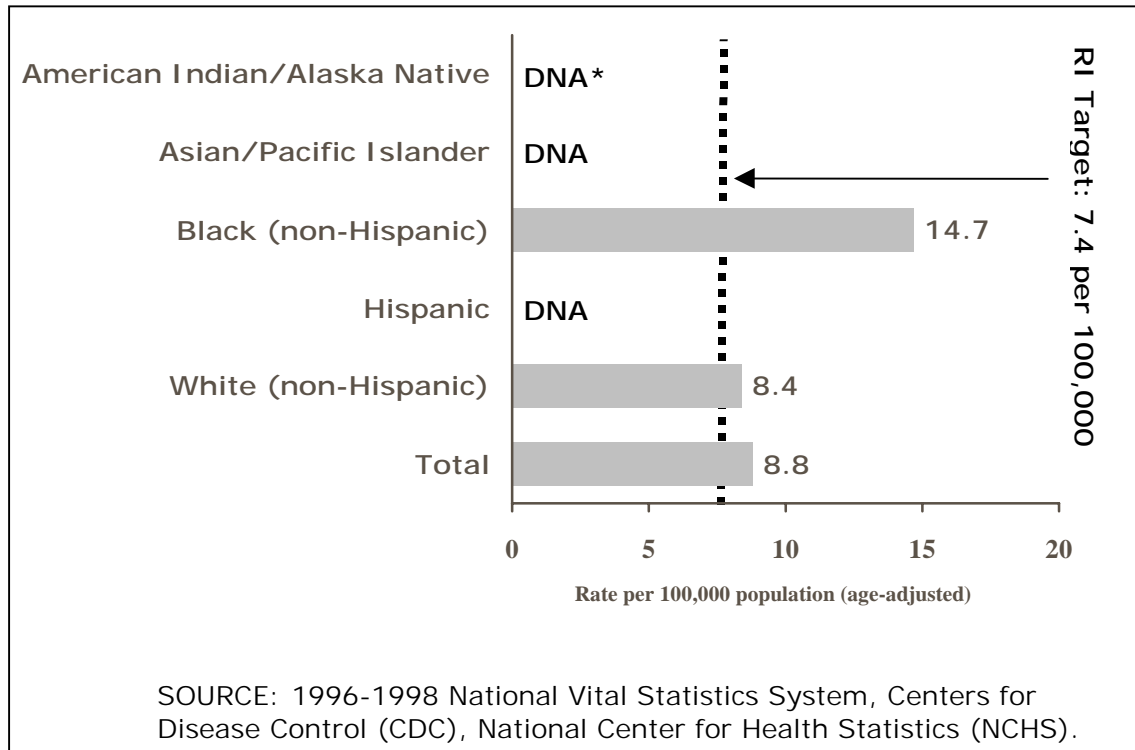


Among Rhode Island adolescents overall, 86% have either never had sexual intercourse, or have abstained from sexual intercourse during the past 3 months, or used condoms at last intercourse if they are sexually active. Overall, 57% of those adolescents surveyed responded that they have never had sexual intercourse. The 2010 target for this objective is to increase to 95% the proportion of all adolescents who are either abstaining from sexual intercourse or using condoms if sexually active. Ninety-one percent (91%) of Hispanic youth exhibited responsible sexual behavior while 85% of White (non-Hispanic) youth have shown responsible sexual behavior. Due to small numbers, the data for Black (non-Hispanic), Asian/Pacific Islander, and American Indian/Native Alaska youth are not reliable. As with several of these objectives, disparity cannot be measured completely. Changing survey methods could allow for more complete measurement. Based on the available reportable data, a disparity may exist between Hispanic youth, who are closer to the 2010 target, and the White (non-Hispanic) youth.

\*Data are statistically unreliable and therefore are not reported.

## INJURY AND VIOLENCE

**HRI Objective 7-1. Reduce deaths caused by motor-vehicle crashes.** (Healthy People 2010 Objective 15-15)

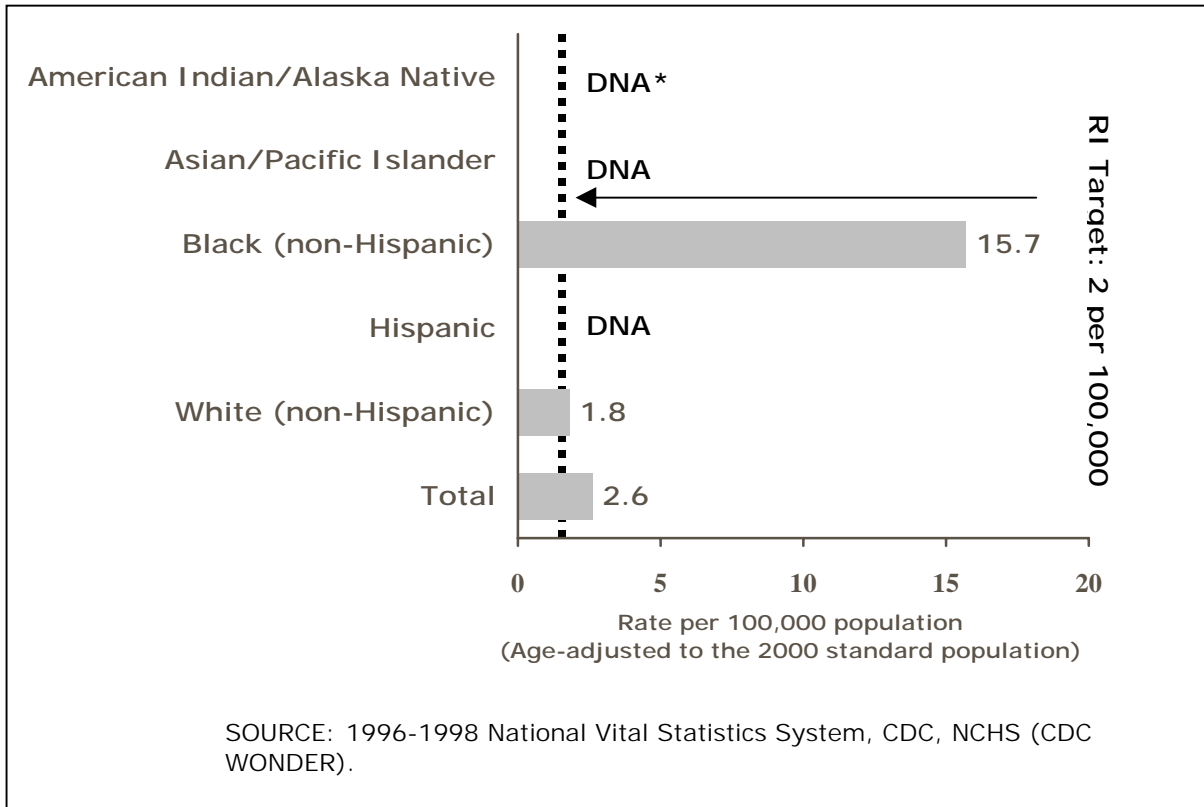


The overall motor vehicle crash death rate is 8.8 per 100,000. The 2010 target for deaths caused by motor-vehicle crashes is to reduce the rate to 7.4 per 100,000 people, a 16% decline. The rate among Whites (non-Hispanic) is 8.4 per 100,000. The rate among Blacks (non-Hispanic) is 14.7 per 100,000. Currently, data are not available to measure the rate among the other groups. While data are not available to assess disparity between other groups, existing data does reveal a potentially substantial disparity in the motor vehicle crash death rate between the Black (non-Hispanic) population and the White (non-Hispanic) population.

\*Data not available for analysis.

## INJURY AND VIOLENCE

**HRI Objective 7-2. Reduce homicides.** (Healthy People 2010 Objective 15-32)

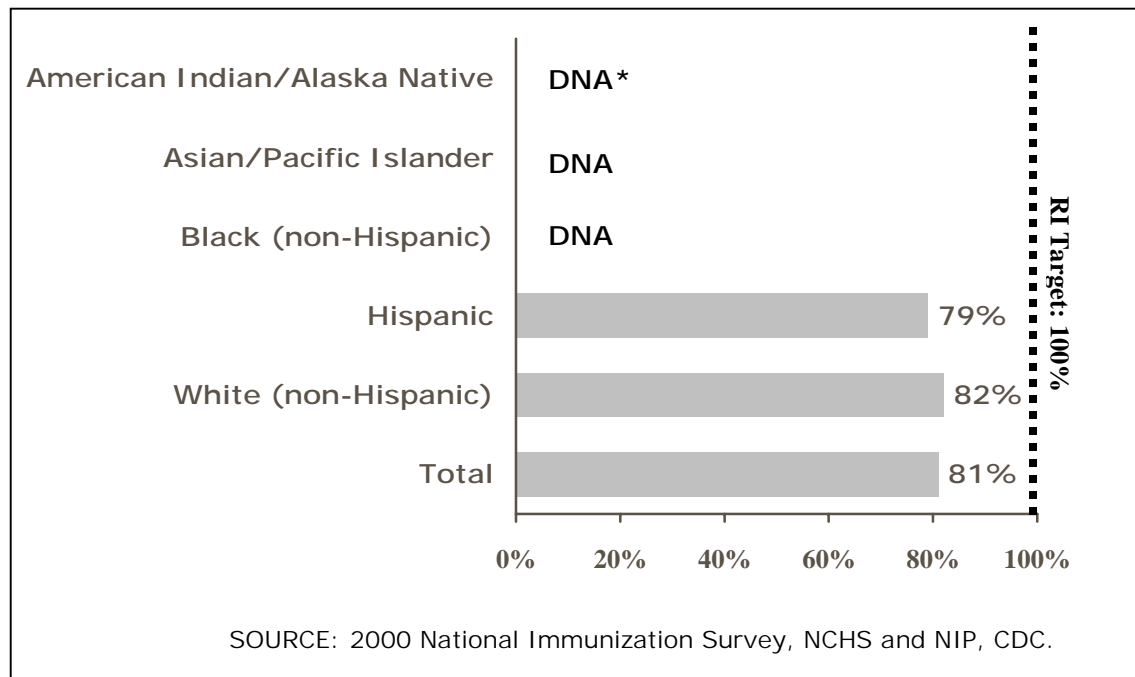


The most recent data show that the current overall rate is 2.6 per 100,000 population. The target for reducing homicide in Rhode Island is 2.0 per 100,000 population. The rate among Whites (non-Hispanic) is 1.8 per 100,000 while the rate among Blacks (non-Hispanic) is 15.7 per 100,000. Currently, data are not available for the other groups. While data are not available to assess disparity between other groups, existing data does reveal a large disparity in the homicide rate between the Black (non-Hispanic) population and the White (non-Hispanic) population, since the rate among Blacks is almost 8 times higher than Whites (non-Hispanic).

\*Data not available for analysis.

## IMMUNIZATION

**HRI Objective 9-1. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.** (Healthy People Objective 14-24a)



Overall, 81% of Rhode Island children receive the vaccines that have been recommended for at least the past 5 years. By 2010, the goal is to have 100% of all children in the state receiving the recommended vaccinations. Eighty-two percent (82%) of White (non-Hispanic) children and 79% of Hispanic children received the 4:3:1:3:3 series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B). Data are not available for the measurement of vaccination rates among the other racial and ethnic groups.

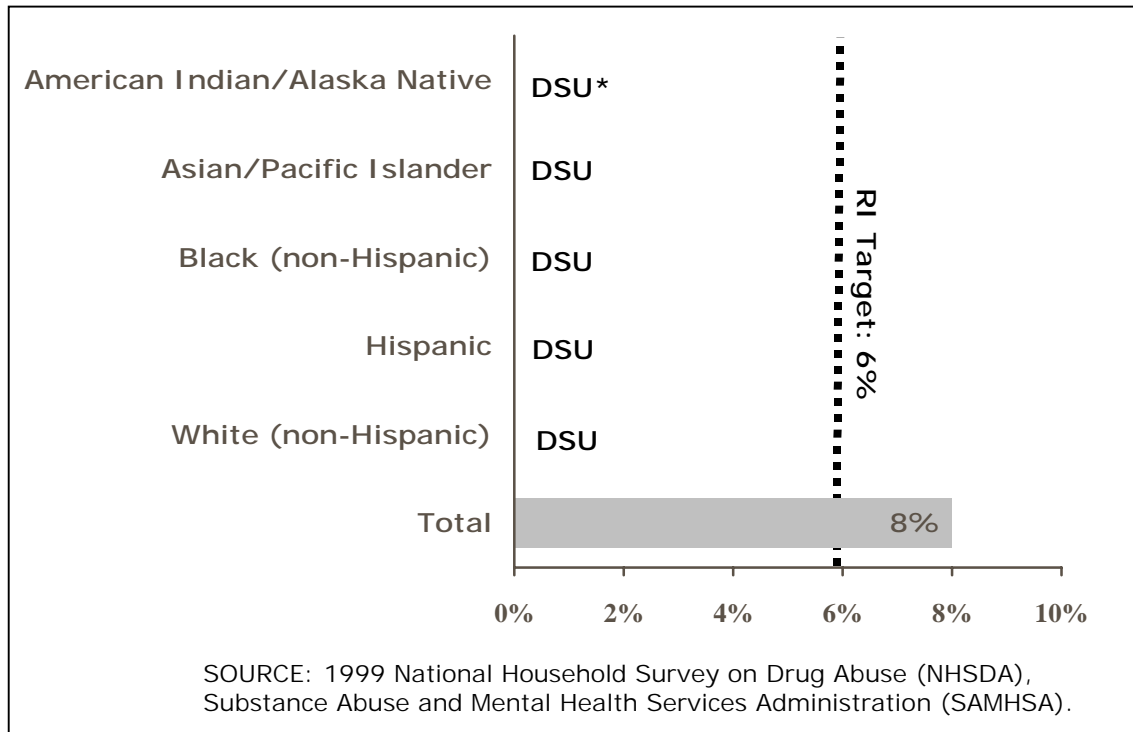
\*Data are not available for analysis.

## **Objectives with Baseline Data for the Total Population or Total Population and One Racial/Ethnic Group**

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## SUBSTANCE ABUSE

**HRI Objective 4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.** (Healthy People 2010 Objective 26-10c)



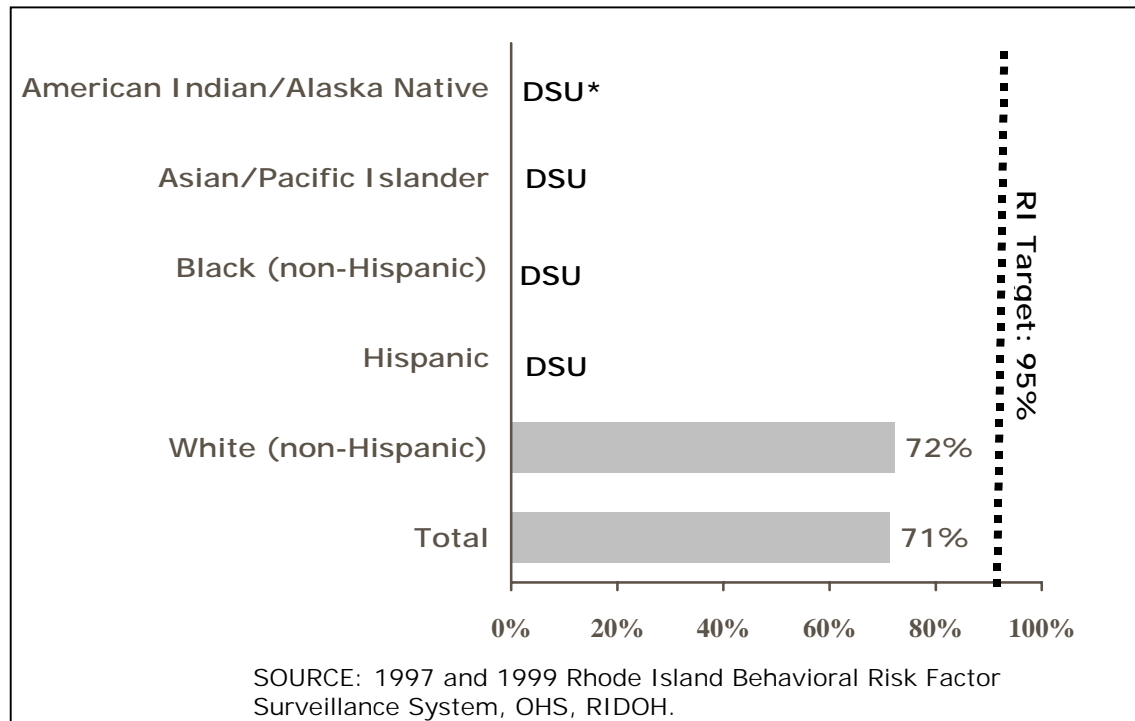
The overall use of illicit drugs among Rhode Island adults is 8%. The target for the adult population is 6%, which would be a 20% percent decrease in usage. These data are based on a national survey and due to inadequate sample sizes for minority groups, rates for these groups cannot be calculated reliably. The Rhode Island Department of Health is collaborating with public health officials from each of the New England states in order to develop strategies for collecting data that are adequate for the assessment of disparities in this objective.

\*Data are statistically unreliable and therefore are not reported.

## IMMUNIZATION

**HRI Objective 9-2a. Increase the proportion adults aged 65 years and older who are vaccinated annually against influenza.**

(Healthy People Objective 14-29a)



The most recent data available show that overall 71% of elders in Rhode Island receive an annual influenza vaccination. Elders in the White population receive annual vaccination at a rate of 72%. Vaccination rates among the other racial and ethnic groups cannot be calculated reliably due to inadequate sample sizes. In order to assess disparity in influenza vaccination rates, sample sizes among minority racial and ethnic groups must be increased or changes in survey methodology need to be made.

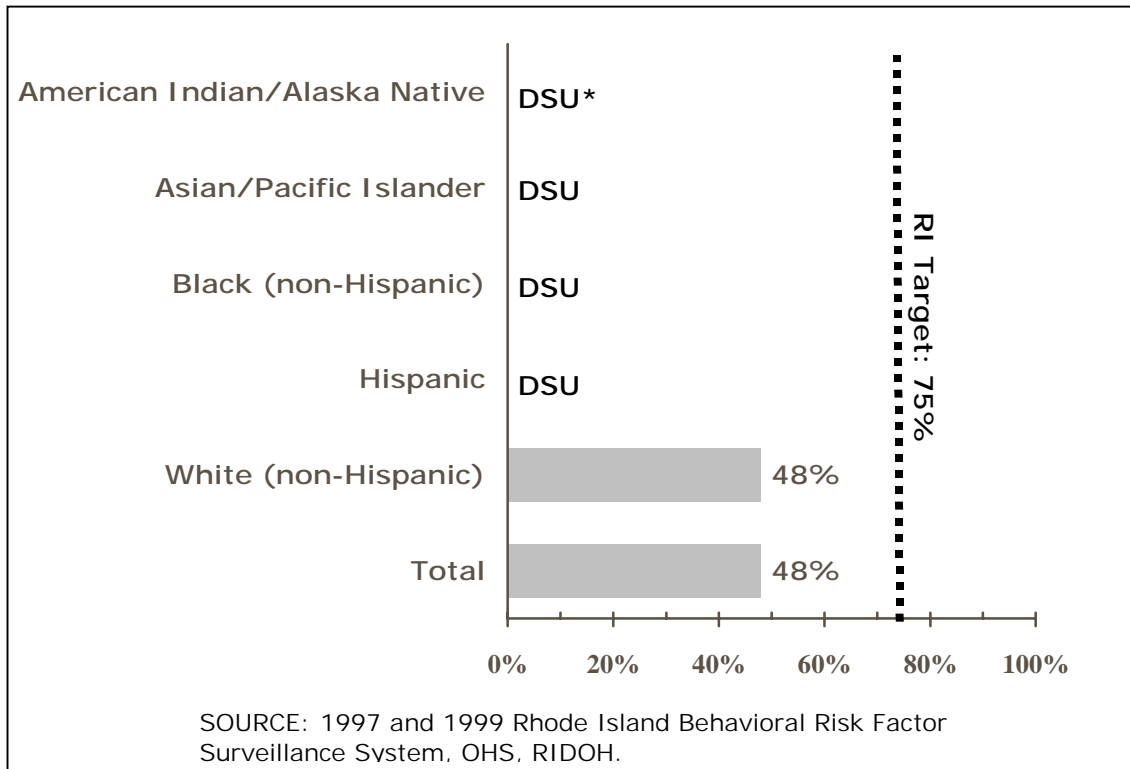
\*Data are statistically unreliable and therefore are not reported.

**DRAFT**

06/10/02

## IMMUNIZATION

**HRI Objective 9-2b. Increase adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.**  
(Healthy People Objective 14-29b)



Currently, 48% of the population overall and the same percentage of the White population aged 65 and over have received the pneumococcal vaccination. Increasing the proportion of elders who receive a pneumococcal vaccination to 75% of that population is the target for the year 2010. Until data sample sizes are adequate for reliable reporting, assessment of disparity will not be possible.

\*Data are statistically unreliable and therefore are not reported.



# **Baseline Data Currently Not Available**

## **OVERWEIGHT and OBESITY**

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**HRI Objective 2-2. Reduce proportion of children and adolescents who are overweight or obese.** (Healthy People 2010 Objective 19-3c)

Rhode Island does not currently have data to measure the rate of overweight and obesity among children. The Department of Health's Office of Health Statistics is currently collecting this information through the 2001 Rhode Island Health Interview Survey. Data should be available and analyzed in 2002. Once this analysis has been conducted, baselines will be calculated, a target will be set, and disparities can be assessed.

## **RESPONSIBLE SEXUAL BEHAVIOR**

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**HRI Objective 5-2. Increase the proportion of sexually active persons who use condoms.** (Healthy People 2010 Objective 13-6a)

Data regarding condom use among adults has not been collected recently in Rhode Island. The Rhode Island Behavior Risk Factor Survey will be collecting this information in 2003. When data have been collected and analyzed, baselines will be calculated, a target will be set and disparities can be assessed.

## **MENTAL HEALTH**

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**HRI Objective 6-1. Increase the proportion of adults 18 years and older with recognized depression who receive treatment.** (Healthy People 2010 Object. 18-9b)

Data regarding the rate of depression and treatment for depression among adults has not been collected in Rhode Island. The Rhode Island Behavior Risk Factor Survey will be collecting this information in 2003. When data have been collected and analyzed, baselines will be calculated, a target will be set, and disparities can be assessed.

## **ENVIRONMENTAL QUALITY**

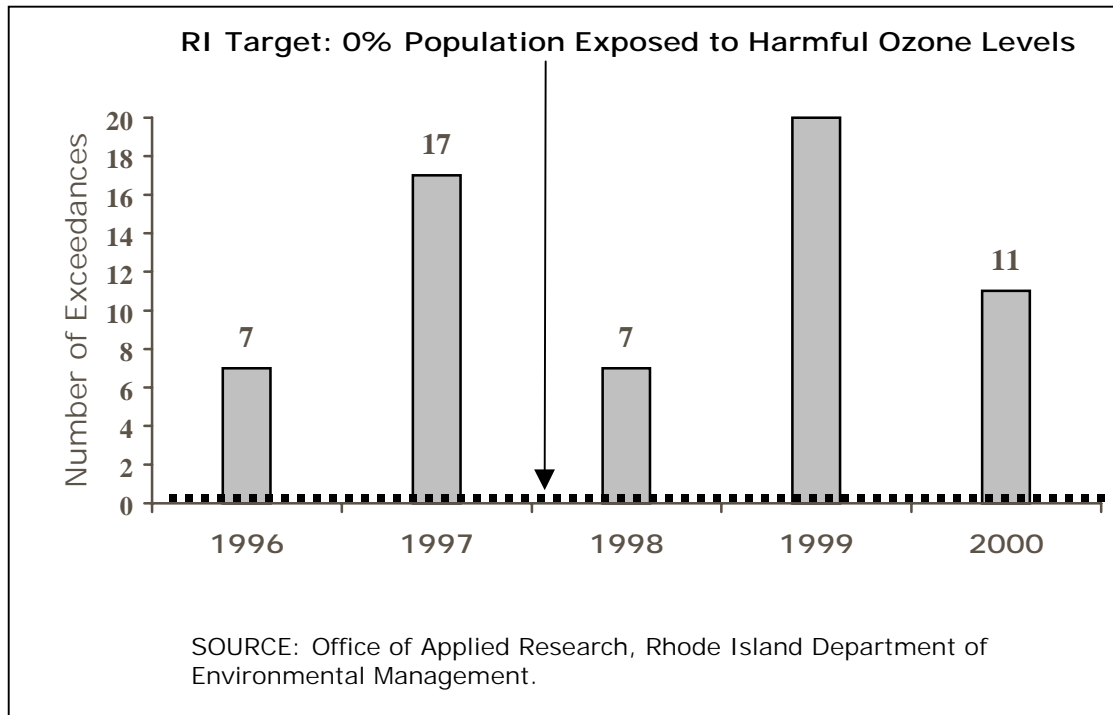
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**HRI Objective 8-2. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.** (Healthy People 2010 Objective 27-10)

Questions concerning nonsmokers' exposure to environmental tobacco smoke (secondhand smoke) were asked in the 2001 Rhode Island Health Interview Survey. Baselines for each racial and ethnic group will be calculated when data have been collected and analyzed. After baselines have been established, the 2010 target will be set, and disparities can be assessed.

## ENVIRONMENTAL QUALITY

**HRI Objective 8-1. Reduce persons exposed to air that does not meet the U.S. Environmental Agency's health-based standards for harmful ozone.** (Healthy People 2010 Object. 8-1a)



Rhode Island has three ozone monitoring stations in different locations throughout the state. In 1998, Rhode Island exceeded the U.S. Environmental Protection Agency's standard for ozone concentration a total of seven times. The target for 2010 is to have no exceedances. Exceedances refers to instances when the ozone concentration exceeds the standard set by the Environmental Protection Agency. Any exceedance leads to 100% exposure of the Rhode Island population. RI experienced 11 exceedances in 2000. Because this objective is not measured on a population basis, disparities between racial and ethnic groups cannot be measured.

## **APPENDIX A**

### **Crosswalk Between Healthy Rhode Islander 2010 Objectives and National Healthy People 2010 Objectives**

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Healthy Rhode Islander 2010 Objectives	Healthy People 2010 Objective
<b>PHYSICAL ACTIVITY</b>	
1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	22-2
1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	22-7
<b>OVERWEIGHT and OBESITY</b>	
2-1. Reduce the proportion of adults who are obese.	19-2
2-2. Reduce the proportion of children and adolescents who are overweight or obese.	19-3
2-3. Increase the proportion of persons aged 2 years and older who consume at least five daily servings of fruit and vegetables.	19-5, -6
<b>TOBACCO USE</b>	
3-1. Reduce cigarette smoking by adults.	27-1
3-2. Reduce cigarette smoking by adolescents.	27-2
<b>SUBSTANCE ABUSE</b>	
4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.	26-10a
4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.	26-10c
4-3. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.	26-11
<b>RESPONSIBLE SEXUAL BEHAVIOR</b>	
5-1. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.	25-11
5-2. Increase the proportion of sexually active persons who use condoms.	13-6a
<b>MENTAL HEALTH</b>	
6-1. Increase the proportion of adults aged 18 years and older with recognized depression who receive treatment.	18-9b
<b>INJURY and VIOLENCE</b>	
7-1. Reduce deaths caused by motor vehicle crashes.	15-15
7-2. Reduce homicides.	15-32
<b>ENVIRONMENTAL QUALITY</b>	
8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Agency's health-based standards for harmful ozone.	8-1a
8-2. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.	27-10
8-3. Eliminate elevated blood lead levels in children.	8-11
<b>IMMUNIZATION</b>	
9-1. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.	14-24

## HEALTHY RHODE ISLANDERS 2010

9-2 Increase the proportion of adults aged 65 and older who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease. 14-29

### ACCESS TO HEALTH CARE

10-1. Increase the proportion of persons with health insurance. 1-1

10-2. Increase the proportion of persons who have a specific source of ongoing care. 1-4

10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care. 16-6

## Appendix B

# Operational Definitions

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This appendix summarizes the operational definitions for the 23 objectives included in Healthy Rhode Islanders 2010, identifies the data sources, measures, survey questions, periodicity of data collection, and other data issues related to monitoring these objectives over this decade.

Operational Definitions for Healthy Rhode Islanders 2010 objectives are based upon comparable national Healthy People 2010 objective operational definitions. The national operational definitions are from the U.S. Department of Health and Human Services publication, Tracking Healthy People 2010,<sup>3</sup> which is available electronically at:  
<http://www.cdc.gov/nchs/hphome.htm>

Additional information on the Rhode Island data sources can be found in the most recent edition of the *Health Data Inventory: A Compendium of Data Sources Maintained by the Rhode Island Department of Health* (<http://www.health.state.ri.us/chic/statistics/data2002.pdf>).

Operational definitions were prepared by:

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Office of Health Statistics  
Rhode Island Department of Health  
Room 407 Cannon Building  
3 Capitol Hill  
Providence, Rhode Island 02908

Phone: (401) 222-2550

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<sup>3</sup>U.S. Department of Health and Human Services. Tracking Healthy People 2010. Washington, DC: U.S. Government Printing Office, November 2000.





# Physical Activity

## 1-1. Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

<b>Rhode Island Source</b>	<b>Data</b>	Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).																																																															
<b>National Data Source</b>		National Health Interview Survey (NHIS), CDC, NCHS (See Comments).																																																															
<b>Measure</b>		Percent																																																															
<b>Baseline</b>		22 (1998 and 2000 combined).																																																															
<b>Numerator</b>		Number of adults aged 18 years and older who report light or moderate physical activity for at least 30 minutes five or more times per week.																																																															
<b>Denominator</b>		Number of adults aged 18 years and older in the survey population.																																																															
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.																																																															
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 1998 and 2000 Behavioral Risk Factor Surveillance System:</p> <p>➤ 1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?</p> <p style="text-align: center;">Yes    No    Don't know/Not sure    Refused</p> <p>If yes:</p> <p>➤ 2. What type of physical activity or exercise did you spend the most time doing during the past month?</p> <p style="text-align: center;">Activity [specify]: ____</p> <table border="0"> <tbody> <tr> <td>01. Aerobics class</td><td>18. Hiking - cross-country</td><td>39. Snow skiing</td></tr> <tr> <td>02. Backpacking</td><td>Home exercise</td><td>40. Soccer</td></tr> <tr> <td>03. Badminton</td><td>20. Horseback riding</td><td>41. Softball</td></tr> <tr> <td>04. Basketball</td><td>21. Hunting large game - deer, elk</td><td>42. Squash</td></tr> <tr> <td>05. Bicycling for pleasure</td><td>22. Jogging</td><td>43. Stair climbing</td></tr> <tr> <td>06. Boating (canoeing, rowing, sailing for pleasure or camping)</td><td>23. Judo/karate</td><td>44. Stream fishing in waders</td></tr> <tr> <td>07. Bowling</td><td>24. Mountain climbing</td><td>45. Surfing</td></tr> <tr> <td>08. Boxing</td><td>25. Mowing lawn</td><td>46. Swimming laps</td></tr> <tr> <td>09. Calisthenics</td><td>26. Paddleball</td><td>47. Table tennis</td></tr> <tr> <td>10. Canoeing/rowing - in competition</td><td>27. Painting/papering house</td><td>48. Tennis</td></tr> <tr> <td>11. Carpentry</td><td>28. Racketball</td><td>49. Touch football</td></tr> <tr> <td>12. Dancing-aerobics/ballet</td><td>29. Raking lawn</td><td>50. Volleyball</td></tr> <tr> <td>13. Fishing from river bank or boat</td><td>30. Running</td><td>51. Walking</td></tr> <tr> <td>14. Gardening (spading, weeding, digging, filling)</td><td>31. Rope skipping</td><td>52. Waterskiing</td></tr> <tr> <td>15. Golf</td><td>32. Scuba diving</td><td>53. Weight lifting</td></tr> <tr> <td>16. Handball</td><td>33. Skating - ice or roller</td><td>54. Other _____</td></tr> <tr> <td>17. Health club exercise</td><td>34. Sledding, tobogganing</td><td>55. Bicycling machine exercise</td></tr> <tr> <td></td><td>35. Snorkeling</td><td>56. Rowing machine exercise</td></tr> <tr> <td></td><td>36. Snowshoeing</td><td></td></tr> <tr> <td></td><td>37. Snow shoveling by hand</td><td></td></tr> <tr> <td></td><td>38. Snow blowing</td><td></td></tr> </tbody> </table>	01. Aerobics class	18. Hiking - cross-country	39. Snow skiing	02. Backpacking	Home exercise	40. Soccer	03. Badminton	20. Horseback riding	41. Softball	04. Basketball	21. Hunting large game - deer, elk	42. Squash	05. Bicycling for pleasure	22. Jogging	43. Stair climbing	06. Boating (canoeing, rowing, sailing for pleasure or camping)	23. Judo/karate	44. Stream fishing in waders	07. Bowling	24. Mountain climbing	45. Surfing	08. Boxing	25. Mowing lawn	46. Swimming laps	09. Calisthenics	26. Paddleball	47. Table tennis	10. Canoeing/rowing - in competition	27. Painting/papering house	48. Tennis	11. Carpentry	28. Racketball	49. Touch football	12. Dancing-aerobics/ballet	29. Raking lawn	50. Volleyball	13. Fishing from river bank or boat	30. Running	51. Walking	14. Gardening (spading, weeding, digging, filling)	31. Rope skipping	52. Waterskiing	15. Golf	32. Scuba diving	53. Weight lifting	16. Handball	33. Skating - ice or roller	54. Other _____	17. Health club exercise	34. Sledding, tobogganing	55. Bicycling machine exercise		35. Snorkeling	56. Rowing machine exercise		36. Snowshoeing			37. Snow shoveling by hand			38. Snow blowing	
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*If response is running, jogging, walking, or swimming (Activity 22, 30, 51, or 46):*

- 2a. *How far did you usually walk/run/jog/swim?*  
*Miles and tenths* \_ \_ . \_  
*Don't know/Not sure*  
*Refused*
  - 3. *How many times per week or per month did you take part in this activity during the past month?*  
*Times per week* \_\_\_\_\_ *1* \_\_\_\_\_  
*Times per month* *2* \_\_\_\_\_  
*Don't know/Not sure*  
*Refused*
  - 4. *And when you took part in this activity, for how many minutes or hours did you usually keep at it?*  
*Hours and minutes* \_ : \_ \_  
*Don't know/Not sure*  
*Refused*
  - 5. *Was there another physical activity or exercise that you participated in during the last month?*  
*Yes*  
*No*  
*Don't know/Not sure*  
*Refused*
  - If yes:*
  - 5a. *What other type of physical activity gave you the next most exercise during the past month?*  
*Activity [specify]:* \_ \_ \_ (SEE ACTIVITY LIST ABOVE)  
*Refused*
- (Repeat questions 2a, 3, and 4 from above.)

#### Expected Periodicity

Biennial.

#### Comments

Adults are classified as participating in light or moderate physical activity if they report participating in an activity in the past month 5 to 28 times per week and 30 to 720 minutes for each time.

National data are not comparable to Rhode Island estimates: the data sources are different, the national survey is administered by personal interview, and the State survey is administered by telephone; the questions are different with neither survey accounting for people whose jobs may require regular or vigorous physical activity that is not reported in response to these questions; and the national data are age adjusted to the 2000 standard population, Rhode Island data are not.



### 1-2. Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

#### Rhode Island Source

#### Data

Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.

<b>National Data Source</b>	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.										
<b>Measure</b>	Percent.										
<b>Baseline</b>	62 (1997).										
<b>Numerator</b>	Number of students in grades 9 through 12 who report exercising or participating for at least 20 minutes in physical activity that made them sweat and breathe hard on 3 or more of the 7 days preceding the survey.										
<b>Denominator</b>	Number of students in grades 9 through 12 in the survey population.										
<b>Population Targeted</b>	Students in grades 9 through 12.										
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 1997 Youth Risk Behavior Surveillance System:</p> <p>➤ <i>On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?</i></p> <table> <tr> <td><i>0 days</i></td><td><i>5 days</i></td></tr> <tr> <td><i>1 day</i></td><td><i>6 days</i></td></tr> <tr> <td><i>2 days</i></td><td><i>7 days</i></td></tr> <tr> <td><i>3 days</i></td><td></td></tr> <tr> <td><i>4 days</i></td><td></td></tr> </table>	<i>0 days</i>	<i>5 days</i>	<i>1 day</i>	<i>6 days</i>	<i>2 days</i>	<i>7 days</i>	<i>3 days</i>		<i>4 days</i>	
<i>0 days</i>	<i>5 days</i>										
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<i>2 days</i>	<i>7 days</i>										
<i>3 days</i>											
<i>4 days</i>											
<b>Expected Periodicity</b>	Biennial.										
<b>Comments</b>	<p>This objective differs from Healthy People 2000 objective 1.4, which used different question wording. The former YRBSS question was: "On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?"</p> <p>The national data are from the 1999 YRBS while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.</p>										



# Overweight and Obesity

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## 2-1. Reduce the proportion of adults who are obese.

<b>Rhode Island Source</b>	Data	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>		National Health and Nutrition Examination Survey (NHANES), CDC, NCHS (See Comments).
<b>Measure</b>		Percent
<b>Baseline</b>		16 (1998–2000).
<b>Numerator</b>		Number of persons aged 20 years and older with a BMI at or above 30.0, based upon self-reported height and weight.
<b>Denominator</b>		Number of persons in the survey population aged 20 years and older.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 1998-2000 Behavioral Risk Factor Surveillance System:</p> <ul style="list-style-type: none"> <li>➤ <i>About how much do you weigh without shoes?</i> <p style="margin-left: 40px;"> <i>Weight</i> _____ <i>pounds (round)</i>  <i>Don't know/Not sure</i>  <i>Refused</i> </p> </li> <li>➤ <i>About how tall are you without shoes?</i> <p style="margin-left: 40px;"> <i>Height</i> ____ / ____ <i>(Feet/Inches)</i>  <i>Don't know/Not sure</i>  <i>Refused</i> </p> </li> </ul>
<b>Expected Periodicity</b>		Annual.
<b>Comments</b>		<p>BMI is calculated in two steps:</p> <p>1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37).</p> <p>2) Calculation: BMI = (weight in kilograms/ (height in meters)<sup>2</sup>).</p> <p>Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.</p>



## 2-2. Reduce the proportion of children and adolescents who are overweight or obese.

### Children and adolescents aged 6 to 19 years.

<b>Rhode Island Source</b>	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
<b>National Data Source</b>	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
<b>Measure</b>	Percent.
<b>Baseline</b>	Data are not analyzed (2001).
<b>Numerator</b>	Number of children and adolescents aged 6 to 19 years with a BMI at or above the gender- and age-specific 95th percentile from the CDC Growth Charts: United States.
<b>Denominator</b>	Number of children and adolescents in the survey population aged 6 to 19 years.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 2001 Rhode Island Health Interview Survey:</p> <p>➤ <i>About how much do (you/person) weigh without shoes on?</i></p> <p style="padding-left: 40px;"><i>Weight</i> _____ <i>pounds (round)</i></p> <p style="padding-left: 40px;"><i>Don't know/Not sure</i></p> <p style="padding-left: 40px;"><i>Refused</i></p> <p>➤ <i>About how tall are (you/person) without shoes on?</i></p> <p style="padding-left: 40px;"><i>Height</i> _____ / _____ <i>(Feet/Inches)</i></p> <p style="padding-left: 40px;"><i>Don't know/Not sure</i></p> <p style="padding-left: 40px;"><i>Refused</i></p>
<b>Expected Periodicity</b>	Biennial.
<b>Comments</b>	<p>BMI is calculated in two steps:</p> <p>1) Conversion: convert weight from pounds to kilograms (weight in kilograms = weight in pounds / 2.2046) and height from inches to meters (height in meters = height in inches / 39.37).</p> <p>2) Calculation: BMI = (weight in kilograms/ (height in meters)<sup>2</sup>).</p> <p>The gender- and age-specific 95th percentile CDC Growth Charts: United States can be found at the following website: <a href="http://www.cdc.gov/growthcharts/">http://www.cdc.gov/growthcharts/</a></p>

Rhode Island data are not comparable to national data: the data sources are different (medical examination vs. telephone-based survey), NHANES obtains measured weights and heights without shoes while BRFSS uses self-reported heights and weights (body weight prevalence estimates derived from self-reported heights and weights tend to be lower than those derived from measured height and weight); national data are age adjusted to the 2000 standard population, Rhode Island data are not.



### **2-3. Increase the proportion of persons aged 18 years and older who consume at least five daily servings of fruit/vegetables.**

<b>Rhode Island Data Source</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>	Continuing Survey of Food Intakes by Individuals (CSFII), USDA, ARS (See Comments).
<b>Measure</b>	Percent.
<b>Baseline</b>	27 (1998 and 2000 combined).
<b>Numerator</b>	Number of persons aged 18 years and older who report consuming five or more servings of fruit and/or vegetables daily.
<b>Denominator</b>	Number of persons in the survey population aged 18 years and older.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 1998 and 2000 Behavioral Risk Factor Surveillance System:</p> <p>For each of the following questions the possible responses are the number of servings:</p> <p> <input type="checkbox"/> <i>Per day</i>  <input type="checkbox"/> <i>Per week</i>  <input type="checkbox"/> <i>Per month</i>  <input type="checkbox"/> <i>Per year</i>  <input type="checkbox"/> <i>Never</i>  <input type="checkbox"/> <i>Don't know/Not sure</i>  <input type="checkbox"/> <i>Refused</i> </p> <p>➤ <i>How often do you drink fruit juices such as orange, grapefruit, or tomato?</i></p> <p>➤ <i>Not counting juice, how often do you eat fruit?</i></p> <p>➤ <i>How often do you eat green salad?</i></p> <p>➤ <i>How often do you eat potatoes not including french fries, fried potatoes, or potato chips?</i></p> <p>➤ <i>How often do you eat carrots?</i></p>

- *Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)*

**Expected Periodicity**

Biennial.

**Comments**

State-level data on fruit and vegetable consumption are collected biennially by BRFSS for persons 18 years and older. No State-level data for younger children are available from this surveillance system. These data enable Rhode Island to track (1) the proportion of the population that consumes five or more servings of fruits and vegetables daily, (2) mean intakes and trends in consumption, and (3) consumption of selected fruit and vegetable items. However, the food items and dietary data collection methods used in the BRFSS differ from those used by CSFII to track Healthy People 2010 objectives 19-5 and 19-6.

This objective is not included in the national set of objectives selected to monitor the progress of the Leading Health Indicator Overweight and Obesity.



# Tobacco Use

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## 3-1. Reduce cigarette smoking by adults.

<b>Rhode Island Data Source</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>	National Health Interview Survey (NHIS), CDC, NCHS.
<b>Measure</b>	Percent.
<b>Baseline</b>	23 (1998-2000).
<b>Numerator</b>	Number of adults aged 18 years and older who have smoked at least 100 cigarettes in lifetime and who now report smoking cigarettes everyday or some days.
<b>Denominator</b>	Number of adults aged 18 years and older in the survey population.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 1998 Behavioral Risk Factor Surveillance System:</p> <p>➤ <i>Have you smoked at least 100 cigarettes in your entire life?</i></p> <p><i>Yes</i>  <i>No</i>  <i>Don't Know/Not Sure</i>  <i>Refused</i></p> <p>[If yes:]</p> <p>○ <i>Do you now smoke cigarettes everyday, some days, or not at all?</i></p> <p><i>Everyday</i>  <i>Some days</i>  <i>Not at all</i>  <i>Refused</i></p>
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	<p>Persons are considered as using cigarettes if they report that they smoked at least 100 cigarettes in their lifetime and now report smoking cigarettes everyday or some days.</p> <p>While the questions from the BRFSS are comparable to those included in the NHIS, the national data are not comparable to Rhode Island data; data from the NHIS are age adjusted to the 2000 standard population, the Rhode Island BRFSS data are not.</p>





**3-2. Reduce cigarette smoking by adolescents.**

<b>Rhode Island Source</b>	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
<b>National Data Source</b>	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
<b>Measure</b>	Percent.
<b>Baseline</b>	35 (1997).
<b>Numerator</b>	Number of students in grades 9 through 12 who reported having smoked cigarettes on 1 or more of the 30 days preceding the survey.
<b>Denominator</b>	Number of students in grades 9 through 12 in the survey population.
<b>Population Targeted</b>	Students in grades 9 through 12.
<b>Questions Used To Obtain Rhode Island Data</b>	From the 1997 Youth Risk Behavior Survey:  ➤ <i>During the past 30 days, on how many days did you smoke cigarettes?</i>
<b>Expected Periodicity</b>	Biennial.
<b>Comments</b>	The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.



# Substance Abuse

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## 4-1. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

<b>Rhode Island Source</b>	<b>Data</b>	Youth Risk Behavior Survey (YRBS), Office of Health Statistics, Rhode Island Department of Health; CDC, NCCDPHP.
<b>National Data Source</b>		National Household Survey on Drug Abuse (NHSDA), SAMHSA.
<b>Measure</b>		Percent.
<b>Baseline</b>		45 (1997).
<b>Numerator</b>		Number of students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.
<b>Denominator</b>		Number of students in grades 9-12 in the survey population.
<b>Population Targeted</b>		Students in grades 9-12.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 1997 Youth Risk Behavior Survey:</p> <ul style="list-style-type: none"> <li>➤ <i>During the past 30 days, on how many days did you have at least one drink of alcohol?</i> <ul style="list-style-type: none"> <li><i>0 days</i></li> <li><i>1 or 2 days</i></li> <li><i>3 to 5 days</i></li> <li><i>6 to 9 days</i></li> <li><i>10 to 19 days</i></li> <li><i>20 to 29 days</i></li> <li><i>All 30 days</i></li> <li><i>Missing</i></li> </ul> </li> <li>➤ <i>During the past 30 days, how many times did you use Marijuana?</i> <ul style="list-style-type: none"> <li><i>0 times</i></li> <li><i>1 or 2 times</i></li> <li><i>3 to 9 times</i></li> <li><i>10 to 19 times</i></li> <li><i>20 to 39 times</i></li> <li><i>40 or more times</i></li> <li><i>Missing</i></li> </ul> </li> <li>➤ <i>During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?</i> <ul style="list-style-type: none"> <li><i>0 times</i></li> <li><i>1 or 2 times</i></li> <li><i>3 to 9 times</i></li> <li><i>10 to 19 times</i></li> <li><i>20 to 39 times</i></li> <li><i>40 or more times</i></li> <li><i>Missing</i></li> </ul> </li> </ul>

**Expected Periodicity** Biennial.

**Comments**

Alcohol or illicit drug use by students in grades 9-12 is a proxy measure, and is not comparable to the national data. Rhode Island estimates are based upon students in grades 9-12 who reported not using any alcohol, marijuana, or cocaine in the past 30 days.

The national data from NHSDA track adolescents ages 12-17 years who did not use any of the following substances in the past month: alcohol, marijuana or hashish, cocaine (including “crack”), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives. The answers for each of the substances are examined for each respondent. Persons are considered to have not used alcohol or illicit drugs if they report no use in the past 30 days of any one of the substances.

Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.



**4-2. Reduce the proportion of adults using any illicit drug during the past 30 days.**

<b>Rhode Island Source</b>	<b>Data</b>	National Household Survey on Drug Abuse (NHSDA), SAMHSA.
<b>National Data Source</b>		National Household Survey on Drug Abuse (NHSDA), SAMHSA.
<b>Measure</b>		Percent.
<b>Baseline</b>		7.9 (1999).
<b>Numerator</b>		Number of adults aged 18 years and older who report use of any illicit drugs during the past 30 days.
<b>Denominator</b>		Number of adults aged 18 years and older.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		From the 1999 National Household Survey on Drug Abuse:

[The following question is asked separately for each illicit drug: marijuana or hashish, cocaine, "crack," heroin, hallucinogens, and inhalants:]

- *How long has it been since you last used [marijuana or hashish]?*

*If your answer is within the past 30 days, mark the first box.*

*If your answer is more than 30 days ago but within the past 12 months, mark the second box.*

*If your answer is more than 12 months ago but within the past 3 years, mark the third box.*

*If your answer is more than 3 years ago, mark the next-to-last box.*

*If you have never used [marijuana/hashish] in your life, mark the last box.*

[The following questions are asked separately for non-medical use of the following: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives:]

- *As you read the following list of [analgesics (prescription pain killers)/tranquilizers/stimulants/sedatives], please mark one box beside each [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] to indicate whether you have ever used that [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] when it was not prescribed for you, or that you took only for the experience or feeling it caused. Again, we are interested in all kinds of [analgesics (prescription pain killers)/tranquilizers/stimulants/sedatives], in pill or non-pill form.*

[This question is followed by a list of common drugs specific to each of the following categories: analgesics (prescription pain killers), tranquilizers, stimulants, and sedatives.]

- *Have you ever used a [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] whose name you don't know that was not prescribed for you, or that you took only for the experience or feeling it caused? If "YES," mark the first box, if "NO," mark the second box.*
- *Have you ever used an other [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] besides the ones listed above, that was not prescribed for you, or that you took only for the experience or feeling it caused? PLEASE PRINT NAME(S) OF OTHER [ANALGESICS (PRESCRIPTION PAIN KILLERS)/TRANQUILIZERS/STIMULANTS/SEDATIVES] BELOW. If "YES," mark the first box, if "NO," mark the second box.*

[If the respondent reported use of any [analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] they are asked:]

- *How long has it been since you last used [an analgesic (prescription pain killer)/tranquilizer/stimulant/sedative] that was not prescribed for you, or that you took only for the experience or feeling it caused?*

*If your answer is within the past 30 days, mark the first box.*

*If your answer is more than 30 days ago but within the past 12 months, mark the second box.*

*If your answer is more than 12 months ago but within the past 3 years, mark the third box.*

*If your answer is more than 3 years ago, mark the next-to-last box.*

## Comments

Illicit drug use is defined as using at least one of the following substances in the past month: marijuana or hashish, cocaine (including “crack”), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives.

Respondents are considered to have used illicit drugs if they report use in the past 30 days of any of the listed substances.

Data are only available from NHSDA for statewide estimates at this time (<http://www.samhsa.gov/oas/NHSDA/99StateTabs/toc.htm>). Currently NHSDA does not provide select population estimates for each state. Rhode Island data are based upon small area estimation modeling techniques, as described by NHSDA.

(<http://www.samhsa.gov/oas/NHSDA/99StateTabs/Preface.htm#TopOfPage>)



### 4-3. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.

<b>Rhode Island Source</b>	<b>Data</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>		National Household Survey on Drug Abuse (NHSDA), SAMHSA.
<b>Measure</b>		Percent.
<b>Baseline</b>		15 (1997 and 1999 combined).
<b>Numerator</b>		Number of adults aged 18 years and older who report having five or more drinks on an occasion, one or more times in the past month.
<b>Denominator</b>		Number of adults aged 18 years and older.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 1999 Behavioral Risk Factor Surveillance System:</p> <p>➤ <i>During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?</i></p> <p><i>Yes</i></p> <p><i>No</i></p> <p><i>Don't know/Not sure</i></p> <p><i>Refused</i></p> <p><i>Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?</i></p> <p><i>Number of times</i> ____</p> <p><i>None</i></p> <p><i>Don't know/Not sure</i></p> <p><i>Refused</i></p>
<b>Expected Periodicity</b>		Biennial.
<b>Comments</b>		These data are not comparable with estimates obtained to track the national objective; the data sources are different and the questions from BRFSS and NHSDA used to measure the objective are different.



# Responsible Sexual Behavior

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## 5-1. Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

<b>Rhode Island Source</b>	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
<b>National Data Source</b>	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
<b>Measure</b>	Percent.
<b>Baseline</b>	86 (1997).
<b>Numerator</b>	Number of students in grades 9 through 12 who report that they have never had sexual intercourse; or who have had sexual intercourse, but not in the past 3 months; or who have had sexual intercourse in the past 3 months but used a condom at last sexual intercourse.
<b>Denominator</b>	Number of students in grades 9 through 12 in the survey population.
<b>Population Targeted</b>	Students in grades 9 through 12.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 1997 Youth Risk Behavior Surveillance System:</p> <ul style="list-style-type: none"> <li>➤ <i>Have you ever had sexual intercourse?</i></li> <li>➤ <i>During the past three months, with how many people have you had sexual intercourse?</i> <ul style="list-style-type: none"> <li><i>I have never had sexual intercourse</i></li> <li><i>I have had sexual intercourse, but not in the past 3 months</i></li> <li><i>1 person</i></li> <li><i>2 people</i></li> <li><i>3 people</i></li> <li><i>4 people</i></li> <li><i>5 people</i></li> <li><i>6 or more people</i></li> </ul> </li> <li>➤ <i>The last time you had sexual intercourse, did you or your partner use a condom?</i> <ul style="list-style-type: none"> <li><i>I have never had sexual intercourse</i></li> <li><i>yes</i></li> <li><i>no</i></li> </ul> </li> </ul>
<b>Expected Periodicity</b>	Biennial.
<b>Comments</b>	The national data are from 1999 while Rhode Island baseline data are from the 1997 YRBS. Rhode Island conducted the YRBS in 1999 but had an inadequate sample for analysis. Data from the 2001 YRBS will be available in early 2002.



**5-2. Increase the proportion of sexually active persons who use condoms.****(Developmental) Females aged 18 to 44 years.**

<b>Rhode Island Source</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>	National Survey of Family Growth (NSFG), CDC, NCHS.
<b>Measure</b>	Percent.
<b>Baseline</b>	Data are being collected (2002).
<b>Numerator</b>	Number of sexually active, unmarried females aged 18 to 44 years who reported using a condom at last sexual intercourse.
<b>Denominator</b>	Number of sexually active, unmarried females aged 18 to 44 years in the survey population.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 2002 Behavioral Risk Factor Surveillance System:</p> <ul style="list-style-type: none"> <li>➤ <i>During the past 12 months, with how many people have you had sexual intercourse?</i> <ul style="list-style-type: none"> <li><i>Number__ __</i></li> <li><i>None</i></li> <li><i>Don't know/Not sure</i></li> <li><i>Refused</i></li> </ul> </li> <li>➤ <i>Was a condom used the last time you had sexual intercourse?</i> <ul style="list-style-type: none"> <li><i>Yes</i></li> <li><i>No</i></li> <li><i>Don't know/Not sure</i></li> <li><i>Refused</i></li> </ul> </li> <li>➤ <i>Are you:</i> <ul style="list-style-type: none"> <li><i>Married</i></li> <li><i>Divorced</i></li> <li><i>Widowed</i></li> <li><i>Separated</i></li> <li><i>Never married</i></li> <li><i>A member of an unmarried couple?</i></li> <li><i>Refused</i></li> </ul> </li> </ul>
<b>Expected Periodicity</b>	Periodic.



**Comments**

Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those women who have had intercourse in the 3 months prior to interview, and condom use is defined as either using a female condom (vaginal pouch) or their partner used a condom (rubber) at their last intercourse.

**(Developmental) Males aged 18 to 49 years.**

**Rhode Island Data Source** Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

**National Data Source** National Survey of Family Growth (NSFG), CDC, NCHS.

**Measure** Percent.

**Baseline** Data are being collected (2002).

**Numerator** Number of sexually active, unmarried males aged 18 to 49 years who reported using a condom at last sexual intercourse.

**Denominator** Number of sexually active, unmarried males aged 18 to 49 years in the survey population.

**Population Targeted** Rhode Island civilian, noninstitutionalized population.

**Questions Used To Obtain Rhode Island Data** From the 2002 Behavioral Risk Factor Surveillance System:

- *During the past 12 months, with how many people have you had sexual intercourse?*

*Number\_\_ \_\_*

*None*

*Don't know/Not sure*

*Refused*

- *Was a condom used the last time you had sexual intercourse?*

*Yes*

*No*

*Don't know/Not sure*

*Refused*

➤ *Are you:*

*Married*

*Divorced*

*Widowed*

*Separated*

*Never married*

*A member of an unmarried couple?*

*Refused*

**Expected Periodicity**

Periodic.

**Comments**

Sexually active is defined as having sexual intercourse with one or more partners in the past 12 months.

Data from Rhode Island are not comparable with the national data for this objective. The data sources, survey methodology, and survey questions are different. The definitions for being sexually active differ between surveys. In the NSFG, sexually active are those men who have had intercourse in the 3 months prior to the interview, and condom use is defined as either the female partner using a female condom (vaginal pouch) or the male partner using a condom (rubber) at their last intercourse.



# Mental Health

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## 6-1. Increase the proportion of adults with recognized depression who receive treatment.

<b>Rhode Island Source</b>	<b>Data</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP
<b>National Data Source</b>		National Household Survey on Drug Abuse (NHSDA), SAMHSA.
<b>Measure</b>		Percent.
<b>Baseline</b>		Data are being collected (2002).
<b>Numerator</b>		Number of adults aged 18 years and older who report symptoms of depression and that they received help from a mental health professional.
<b>Denominator</b>		Number of adults aged 18 years and older in the survey population who report symptoms of depression.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 2002 Behavioral Risk Factor Surveillance System:</p> <ul style="list-style-type: none"> <li>➤ <i>RI11_1 During the past 12 months, was there ever a time when you felt sad, blue, or depressed for 2 weeks or more in a row?</i>  Yes {Go to RI11_2}  No {Go to Next Section}  Don't know/Not sure {Go to Next Section}  Refused {Go to Next Section}</li> <li>➤ <i>RI11_2. For the next few questions, please think of the two-week period during the past 12 months when these feelings were worst. During that time, did the feeling of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?</i>  All day long  Most of the day  About half the day  Less than half the day  Don't know/Not sure  Refused</li> <li>➤ <i>RI11_3. Did you feel this way every day, almost every day, or less often during those two weeks?</i>  Every day  Almost every day  Less often  Don't know/Not sure  Refused</li> <li>➤ <i>RI11_4. During those two weeks, did you lose interest in most things?</i>  Yes    No    Don't know/Not sure    Refused</li> </ul>

- *RI11\_5. During those two weeks) Did you feel tired out or low energy all the time?*  
Yes    No    Don't know/Not sure    Refused
- *RI11\_6. (During those two weeks) Did you gain weight, lose weight, or stay about the same?*  
Gained weight  
Lost weight  
Both gained and lost  
Stayed the same {Go to RI11\_8}  
Was on diet (If volunteered) {Go to RI11\_8}  
Don't Know/Not sure {Go To RI11\_8}  
Refused {Go to RI11\_8}
- *RI11\_7. About how much did you (gain/lose?)*  
---    Don't know/Not sure    Refused  
777    999
- *RI11\_8. (During those two weeks) Did you have more trouble falling asleep than you usually do?*  
Yes    No    Don't know/Not sure    Refused  
|-----{Go to RI11\_10}-----|
- *RI11\_9. Did that happen every night, nearly every night, or less often during those two weeks?*  
Every night    Nearly every night    Less often  
Don't know/Not sure    Refused
- *RI11\_10. (During those two weeks) Did you have more trouble concentrating than usual?*  
Yes    No    Don't know/Not sure    Refused
- *RI11\_11. At these times, people sometimes feel down on themselves, no good, worthless. (During those two weeks) Did you feel this way?*  
Yes    No    Don't know/Not sure    Refused
- *RI11\_12. (During those two weeks) Did you think a lot about death-- either your own, someone else's or death in general?*  
Yes    No    Don't know/Not sure    Refused

**{IF YES TO RI11\_1 GO TO RI11\_13, OTHERWISE GO TO NEXT SECTION}**

NOW WE HAVE SOME QUESTIONS ABOUT MEDICAL TREATMENTS YOU MAY HAVE HAD AS AN OUTPATIENT OR IN A HOSPITAL.

- *RI11\_13. Have you received treatment for psychological problems or emotional difficulties at a mental health clinic or by a mental health professional on an outpatient basis in the past 12 months?*  
Yes    No    Don't know/Not sure    Refused
- *RI11\_14. During the past 12 months, how many different times have you stayed overnight or longer in a hospital to receive treatment for psychological or emotional difficulties?*  
---    Number of overnight psychiatric stays  
88    None  
77    Don't know/Not sure  
99    Refused

**Expected Periodicity**

Annual.

**Comments**

This objective is based on questions used in the 1997 NHSDA, the baseline for the national objective. These questions were included in a state-added module in the 2002 BRFSS and are expected to be measured annually or by the BRFSS.

A depression index, which is constructed based upon the responses to the depression screening questions, will be used to derive an estimate of those persons with recognized depression. The depression index is based upon the same index used to derive the national baseline estimates for this objective.



# Injury and Violence

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## 7-1. Reduce deaths caused by motor vehicle crashes.

<b>Rhode Island Source</b>	<b>Data</b>	National Vital Statistics System (NVSS), CDC, NCHS.
<b>National Data Source</b>		National Vital Statistics System (NVSS), CDC, NCHS.
<b>Measure</b>		Rate per 100,000 population (age adjusted—see Comments).
<b>Baseline</b>		8.8 (1996-98).
<b>Numerator</b>		Number of unintentional injury traffic deaths (ICD-9 codes E810.0-E819.9).
<b>Denominator</b>		Number of persons.
<b>Population Targeted</b>		Rhode Island resident population.
<b>Questions Used To Obtain Rhode Island Data</b>		Not applicable.
<b>Expected Periodicity</b>		Annual.
<b>Comments</b>		Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.



## 7-2. Reduce homicides.

<b>Rhode Island Source</b>	<b>Data</b>	National Vital Statistics System (NVSS), CDC, NCHS.
<b>National Data Source</b>		National Vital Statistics System (NVSS), CDC, NCHS.
<b>Measure</b>		Rate per 100,000 population (age adjusted—see Comments).
<b>Baseline</b>		2.6 (1996-98).
<b>Numerator</b>		Number of deaths due to homicides (ICD-9 codes E960-E969).
<b>Denominator</b>		Number of persons.
<b>Population Targeted</b>		Rhode Island resident population.
<b>Questions Used To Obtain Rhode Island Data</b>		Not applicable.

**Expected Periodicity** Annual.

**Comments** Data are abstracted from CDC/WONDER data system, and are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates.

This measure also differs slightly from the cause of death, homicide and legal intervention (ICD-9 E960-E978), which is shown in other publications.<sup>1,2</sup>



# Environmental Quality

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## 8-1. Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for harmful ozone.

<b>Rhode Island Source</b>	Rhode Island Department of Environmental Management(RI DEM); Aerometric Information Retrieval System, EPA, OAR.
<b>National Data Source</b>	Aerometric Information Retrieval System, EPA, OAR.
<b>Measure</b>	Percent.
<b>Baseline</b>	100 (1998).
<b>Numerator</b>	Number of persons living in nonattainment areas that exceed the National Ambient Air Quality Standards (NAAQS) for ozone in 1998.
<b>Denominator</b>	Number of persons residing in Rhode Island.
<b>Population Targeted</b>	Rhode Island resident population.
<b>Questions Used To Obtain Rhode Island Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	<p>All areas (100 percent) are required by law to come into attainment no later than 2012 for all pollutant criteria except particulate matter 2.5, which will come into attainment by 2017. EPA's air quality monitoring and NAAQS data collection have historically taken place in large urban centers and other appropriate areas generally considered to have the Nation's poorest air quality.</p> <p>Nonattainment areas may include single counties, multiple counties, parts of counties, municipalities, or combinations of the preceding jurisdictions. When an area is designated as "nonattainment," it retains this status for 3 years, regardless of annual changes in air quality. Nonattainment areas may also include jurisdictions in which the source of the pollutants are located, even if that jurisdiction meets all NAAQS.</p> <p>The areas monitored may change over time to reflect changes in air quality or the pollutants being monitored.</p> <p>The population estimates used for the baseline are based on 1990 census estimates and do not reflect growth or depletion of population since that date. The NAAQS were revised in 1997 by EPA, but the revisions are currently being contested in court; resolution of the court case may affect the population estimates in the baseline.</p>





## 8-2. Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.

<b>Rhode Island Source</b>	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
<b>National Data Source</b>	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.
<b>Measure</b>	Percent
<b>Baseline</b>	Data are not analyzed (2001)
<b>Numerator</b>	Number of households that report that there is no smoking regularly inside the house or apartment, no smoking in any vehicle used by the family for transportation, and that there are rules against smoking in the house or apartment or family vehicle.
<b>Denominator</b>	Number of households in survey population.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	<p>From the 2001 Rhode Island Health Interview Survey:</p> <ul style="list-style-type: none"> <li>➤ <i>Do you or does someone else smoke regularly inside your house or apartment?</i> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know/Not sure</li> <li>Refused</li> </ul> </li> <li>➤ <i>Do you or does someone else smoke regularly inside the vehicle your family uses for transportation?</i> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't know/Not sure</li> <li>Refused</li> </ul> </li> <li>➤ <i>Which statement best describes the rules about smoking inside your home? PLEASE READ:</i> <ul style="list-style-type: none"> <li><i>Smoking is not allowed anywhere inside your home</i></li> <li><i>Smoking is allowed in some places or at some times</i></li> <li><i>Smoking is allowed anywhere inside the home</i></li> <li><i>There are no rules about smoking inside the home</i></li> <li><i>Don't know/Not sure</i></li> <li><i>Refused</i></li> </ul> </li> </ul>

- Which statement best describes rules about smoking inside your car?  
PLEASE READ:

*Smoking is not allowed anytime*  
*Smoking is allowed anytime*  
*Smoking is not allowed when there are children in the car*  
*There are no rules about smoking inside the car*  
*Nobody smokes who uses the car (volunteered)*

*Don't know/Not sure*  
*Refused*

**Expected Periodicity** Biennial starting in 2001.

**Comments** Data are not comparable with national baseline for this objective. National data are from NHANES, a medical examination-based survey, and are based upon cotinine levels in the participant's blood. Rhode Island data are from the RI-HIS and are based upon responses to survey questions. National data are also age-adjusted to the 2000 standard population; Rhode Island data are not.



### 8-3. Eliminate elevated blood lead levels in children.

<b>Rhode Island Source</b>	Childhood Lead Poisoning Prevention Program, Rhode Island Department of Health.
<b>National Data Source</b>	National Health and Nutritional Examination Survey (NHANES), CDC, NCHS.
<b>Measure</b>	Percent.
<b>Baseline</b>	4.4 (1991–94).
<b>Numerator</b>	Number of children less than 72 months (under 6 years) with blood lead levels meeting or exceeding 10µg/dL.
<b>Denominator</b>	Number of children less than 72 months (under 6 years) screened annually for blood lead levels.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	This objective differs from the national data, which monitors children aged 1 to 5 years. Once a child is tested and has an elevated blood lead level, that child is likely to be re-tested in subsequent years, and may reappear in estimates that span across years for the Lead Screening Data, Childhood Lead Poisoning Prevention Program.



# Immunization

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## 9-1. Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years.

<b>Rhode Island Source</b>	Data	National Immunization Survey (NIS), CDC, NIP and NCHS.
<b>National Data Source</b>		National Immunization Survey (NIS), CDC, NIP and NCHS.
<b>Measure</b>		Percent.
<b>Baseline</b>		81 (2000).
<b>Numerator</b>		Number of children aged 19 to 35 months receiving at least four doses of diphtheria-tetanus-acellular pertussis (DtaP), at least three doses of polio, at least one dose of measles-mumps-rubella (MMR), at least three doses of <i>Haemophilus influenzae</i> B (Hib), and at least three doses of hepatitis B antigens.
<b>Denominator</b>		Number of children aged 19 to 35 months.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 2000 National Immunization Survey Household Survey:</p> <ul style="list-style-type: none"> <li>➤ <i>How many D-T-P or D-T shots (sometimes called a D-P-T shot, diphtheria-tetanus-pertussis shot, baby shot, three-in-one shot) has (Sample child) ever received?</i></li> <li>➤ <i>How many polio vaccine shots (by mouth, pink drops, or by a polio shot) has (Sample child) ever received?</i></li> <li>➤ <i>How many measles or M-M-R (Measles-Mumps-Rubella) shots has (Sample child) ever received?</i></li> <li>➤ <i>How many H-I-B shots (this is for Meningitis and is called Haemophilus Influenzae), H-I-B vaccine, or H flu vaccine has (Sample child) ever received?</i></li> <li>➤ <i>How many Hepatitis B shots has (Sample child) ever received?</i></li> <li>➤ <i>Other shots received?</i></li> </ul> <p>From the 2000 National Immunization Survey Provider Record Check:</p> <ul style="list-style-type: none"> <li>➤ <i>Specify month, day and year that each immunization was given, either by the office or another provider (OP), as documented in the records.</i></li> </ul>
<b>Expected Periodicity</b>		Annual.
<b>Comments</b>		Any new vaccines that have been universally recommended for at least 5 years will be added to the series over the course of Healthy People 2010.

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among children aged 19 to 35 months. Estimates of vaccine-specific coverage are available for the United States, each State, and 28 urban areas considered to be high risk for under-vaccination. NIS uses a two-phase sample design. First, a random-digit-dialing (RDD) sample of telephone numbers is drawn. In 1995, 69 percent of households with age-eligible children completed vaccination interviews, yielding data for 31,997 children.

The interviewer also asks for permission to contact the vaccination provider. In the second phase, all vaccination providers are contacted by mail. Vaccination information from providers' records was obtained for 52 percent of all children who were eligible for provider followup in 1995 and 64 percent in 1996. Providers' responses are combined with information obtained from households to provide a more accurate estimate of vaccination coverage levels. Final estimates are adjusted for noncoverage of nontelephone households.

For further information, visit the National Immunization Survey Web site at <http://www.nisabt.org/>.

Statistical adjustments are made to minimize bias due to (1) lower coverage among children living in households without telephones, (2) discrepancies between vaccinations reported by household compared with immunization providers, and (3) differences in race/ethnic population distribution in sample compared to race/ethnic population distribution at birth.



## **9-2. Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.**

### **Noninstitutionalized adults aged 65 years and older**

#### **Influenza vaccine.**

<b>Rhode Island Data Source</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>	National Health Interview Survey (NHIS), CDC, NCHS.
<b>Measure</b>	Percent.
<b>Baseline</b>	71 (1997 and 1999 combined).
<b>Numerator</b>	Number of adults aged 65 years and older who report receiving an influenza vaccination in the past 12 months.
<b>Denominator</b>	Number of adults aged 65 years and older.
<b>Population Targeted</b>	Rhode Island civilian, noninstitutionalized population.

**Questions Used To Obtain Rhode Island Data**

From the 1999 Behavioral Risk Factor Surveillance System:

- *During the PAST 12 MONTHS, have you had a flu shot?*  
*Yes*  
*No*  
*Don't Know/Not Sure*  
*Refused*

**Expected Periodicity**

Annual.

**Comments**

Rhode Island baseline data are not comparable to the national baseline for this objective. National data are age adjusted to the 2000 standard population.

**Pneumococcal vaccine.****Rhode Island Data Source**

Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.

**National Data Source**

National Health Interview Survey (NHIS), CDC, NCHS.

**Measure**

Percent.

**Baseline**

48 (1997 and 1999 combined).

**Numerator**

Number of adults aged 65 years and older who report ever receiving a pneumococcal vaccination.

**Denominator**

Number of adults aged 65 years and older in the survey population.

**Population Targeted**

Rhode Island civilian, noninstitutionalized population.

**Questions Used To Obtain Rhode Island Data**

From the 1999 Behavioral Risk Factor Surveillance System:

- *Have you EVER had a pneumonia vaccination?*  
*Yes*  
*No*  
*Don't Know/Not Sure*  
*Refused*

**Expected Periodicity**

Annual.

**Comments**

Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.



## Access to Health Care

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### 10-1. Increase the proportion of persons with health insurance.

<b>Rhode Island Source</b>	<b>Data</b>	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
<b>National Data Source</b>		National Health Interview Survey (NHIS), CDC, NCHS.
<b>Measure</b>		Percent.
<b>Baseline</b>		91 (1998-2000).
<b>Numerator</b>		Number of persons under age 65 years who report coverage by any type of public or private health insurance.
<b>Denominator</b>		Number of persons aged 18-64 years in the survey population.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		<p>From the 2000 Behavioral Risk Factor Surveillance System:</p> <ul style="list-style-type: none"> <li>➤ <i>Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?</i> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't Know/Not Sure</li> <li>Refused</li> </ul> </li> <li>➤ <i>Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?</i> <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Don't Know/Not Sure</li> <li>Refused</li> </ul> </li> </ul>

- *What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:*

*Coverage Code: PLEASE READ*

- 1) Your employer*
- 2) Someone else's employer*
- 3) A plan that you or someone else buys on your own*
- 4) Medicare*
- 5) Medicaid or Medical Assistance*
- 6) The military, CHAMPUS, TriCare, or the VA*
- 7) The Indian Health Service*
- 8) Some other source*

*None*

*Don't know/Not sure*

*Refused*

- *There are some types of coverage you may not have considered. Please tell me if you have any of the following:*

*Coverage through:*

- 1) Your employer*
- 2) Someone else's employer*
- 3) A plan that you or someone else buys on your own*
- 4) Medicare*
- 5) Medicaid or Medical Assistance [or substitute state program name]*
- 6) The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]*
- 7) The Indian Health Service [or the Alaska Native Health Service]*
- 8) Some other source*

*None*

*Don't know/Not sure*

*Refused*

**Expected Periodicity**

Annual.

**Comments**

The definition for persons with health insurance coverage based on data from the BRFSS is any person who reports that they are covered by a health plan through insurance from: 1) their employer; 2) someone else's employer; 3) a plan that the respondent or somebody else buys on their own; 4) Medicare; 5) Medicaid or Medical Assistance; 6) the military, CHAMPUS, TriCare or the VA; 7) Indian Health Service; 8) some other source; or they state they have coverage through a health plan but do not know or refuse to identify which type of coverage they have.

Persons who answer that they do not have a health plan, but identify that they have a health plan in the follow up question on the different types of health insurance coverage they could have, are considered to be insured.

Persons who state they do not have a health plan and do not identify any of the types of coverage (options 1-8) listed above are considered uninsured.

Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.



## 10-2. Increase the proportion of persons who have a specific source of ongoing care.

<b>Rhode Island Source</b>	<b>Data</b>	Rhode Island Health Interview Survey (RI-HIS), Office of Health Statistics, Rhode Island Department of Health.
<b>National Data Source</b>		National Health Interview Survey (NHIS), CDC, NCHS.
<b>Measure</b>		Percent.
<b>Baseline</b>		87 (1996).
<b>Numerator</b>		Number of persons who report having a specific source of ongoing care.
<b>Denominator</b>		Number of persons in the survey population.
<b>Population Targeted</b>		Rhode Island civilian, noninstitutionalized population.
<b>Questions Used To Obtain Rhode Island Data</b>		From the 1996 Rhode Island Health Interview Survey:

- *Is there a place that you/P usually goes when (you/he/she) is sick or need advice about health?*

Yes  
 There is NO place  
 There is MORE THAN ONE place  
 Don't Know/Not sure  
 Refused



- *What kind of place is it? (If responds there is more than one place)  
What kind of place does P go to most often, a clinic, doctor's office ,  
emergency room, or some other place?*

1. *linic or health center*
2. *ompany or school clinic*
3. *ome other kind of clinic*
4. *ealth center*
5. *ospital emergency room*
6. *ospital outpatient department*
7. *MO center such as those at Anchor*
8. *rivate doctor's office or group practice*
9. *alk-in, urgent or "EM-urgent" care*
10. *ome other place? (SPECIFY: \_\_\_\_\_)*
11. *on't know/Not sure*
12. *oesn't go to one place most often*
13. *efused*

**Expected Periodicity**

Biennial.

**Comments**

A specific source of primary care includes responses 1-4, 6-8, and 10 listed above. A hospital emergency room (5) or a walk-in, urgent, or EM-urgent care facility (9) are not included as a specific source of ongoing care. This is different from the definition for the national baseline from NHIS, which only excluded hospital emergency rooms as a source of ongoing care.

Rhode Island baseline data are not comparable to the national baseline for this objective; national data are age adjusted to the 2000 standard population; Rhode Island data are not.



### **10-3. Increase the proportion of pregnant women who receive early and adequate prenatal care.**

**Rhode Island Data Source**

Maternal and Child Health Database, Division of Family Health and Vital Records, Rhode Island Department of Health.

**National Data Source**

National Vital Statistics System (NVSS), CDC, NCHS.

**Measure**

Percent of live births.

<b>Baseline</b>	91 (1997-99).
<b>Numerator</b>	Number of females receiving prenatal care in the first trimester (three months) of pregnancy.
<b>Denominator</b>	Number of live births.
<b>Targeted Population</b>	Rhode Island resident population.
<b>Questions Used To Obtain Rhode Island Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	For more information on this measure, contact the Division of Family Health, Rhode Island Department of Health (401-222-2312).

